Author: Nicky Topham & Justin Hammond Sponsor: Darryn Kerr Date: 3rd December 2020
Paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Programme Cmt	20/11/20	Discuss and support
Executive Board	01/12/20	Discuss and support
Trust Board Committee		
Trust Board		

Executive Summary

Context

This paper provides the Trust Board with an update of progress since the last meeting, as well as key decisions required / issues arising and is a reflection of recent discussions at the Reconfiguration Programme Committee and Executive Strategy Board (ESB) on the 1st December 2020, including;

- Public Consultation
- Progress with approvals of the Submitted business cases
- Drawdown for 2021/21 for design fees
- Procurement
- Travel Planning Support and Development
- Interim ICU scheme and associated clinical services
- Move of the East Midlands Congenital Heart Centre
- Finance
- Risk
- Governance and Reporting

Questions

1. What are the key issues that the Reconfiguration Programme is facing this month?

Conclusion

Public Consultation

1. The public consultation is progressing at pace, with just 3 weeks to go until it closes on the 21st December. The website www.betterhospitalsleicester.nhs.uk is updated regularly with the latest FAQs and engagement events as well as being the 'go-to' place for all details about the plans including the promotional videos.

2. The midpoint review took place on the 9th November, where a detailed presentation of activities and survey responses were considered. The point of this review was to take stock of what had worked well and any areas that weren't having the desired impact, and adjust the plan for the final period. The overriding impression was just how much activity was taking place to get the messages out to the communities of LLR, and the strong commitment to continue to reach as many people as possible.

3. The joint UHL and CCG team have been actively engaging with the public through a variety of means, from virtual events and workshops through to using Facebook Live. The range of media coverage has also broadened to include interview sessions on local and community radio, full page articles in local press, adverts on Sky, Google, Facebook and twitter, as well as engagement activities run by voluntary community groups.

4.There is a concerted effort from all those involved to continue to engage with our patients, staff and the pubic, to listen to their views and encourage as many people as possible to get involved.

5. After the consultation closes the Commissioning Support Unit (CSU) will undertake a full analysis of all the findings, bringing together responses from the online and paper surveys, the information from the community events run by the voluntary sector groups and the feedback from the consultation events. This process is likely to take a couple of months, where a report of the findings will be presented to the CCG board for consideration before it is combined with the Decision Making Business Case. Once the consultation closes the CSU will be in a clearer position to advise on likely timescales for this work, and we will report this at the January Trust Board.

6. The following timetable summarises the remaining assurance process:

Date	Milestone	Key people	Notes
1st September	NHSE Board Approval	NHSE/I	APPROVED
2nd September	PCBC published before CCG Public Board	CCG	COMPLETE
8th September	Sign-off Consultation	Andy Williams _	APPROVED

	Plan at CCG Governing Board	CCG AO	
23rd September	Joint HOSC	System	COMPLETE
28th September	Consultation Starts	System	COMPLETE
9th November	Mid-Point Review	System	COMPLETE
21st December	Consultation Closes	System	

Progress with approvals of the Submitted business cases

7. The decontamination case (£8.9m) was due to be approved at the national Joint Investment Committee on the 21st December, following receipt of full planning permission on the 30th November. However, we have now heard that since there are a number of objections to the construction of the building at GH, the proposal needs to be discussed at a formal planning committee before consent to proceed is given. Owing to the current COVID situation, the planning committees are not being held as frequently, and it is likely that our case will not be heard until January at the very earliest. We have advised NHSE/I of this, since we will not get the business case approved until we have planning permission. All other queries and issues raised by them have been resolved. We will advise on progress at the next meeting.

8. The Programme office business case (£1.5m) is now due for approval at the Joint Investment Committee on the 21st December. All outstanding queries on this case are resolved.

Drawdown for 2021/21 for design fees

9. We are still in discussion with the centre regarding the need to drawdown capital for design fees in relation to OBC development. This drawdown has been revised to reflect the fact that we cannot undertake early engagement with the Tier 1 contractors until given permission to do so.

Procurement Update

Main programme – Architectural services

10. Following extensive procurement activities, we are pleased to confirm that the procurement process for the appointment of the Main Program for Architectural Services package was concluded on 16th October 2020, and the appointment of Building Design Partnerships (BDP) was ratified by the Trust Board on the 12th November.

Main Program - Mechanical and Electrical (M&E) services and Civil / Structural Services

11. Following extensive procurement activities, the M&E package selection process concluded with the Trust Board ratifying the appointment of BDP for both of these design services.

Travel Planning Support and Development

12. Go Travel Solutions have been commissioned to work alongside the UHL Travelwise Manager to provide Travel Planning Support and Development UHL covering the consultation phase of Building Better Hospitals for the Future and help develop long-term investment in sustainable travel for the Trust. Go Travel Solutions are a local specialist sustainable transport consultancy that have strong and strategic relationships with stakeholders in the city and beyond. These include the main local providers of transport services, transport infrastructure and major employers.

13. The main areas of progress to date:

a. Finalisation of Phase 1 Travel Action Plan with the inclusion of an emerging sustainable travel network for the three UHL sites based on Leicester City Council investment.
b. Meeting of the steering Group on 15th October and 12th November, bringing together external and internal stakeholders e.g. De Montfort University, Leicester City Council, Healthwatch, Communications, HR and staff side.
c. Meeting of the Forum on 26th November to continue to support effective project delivery including but not limited consisting of representatives from areas such as junior doctors, capital, equality, Leicester Tigers, Highcross etc.
d. 1:1 meetings held to build on existing work and secure of strong interest from Leicester City Council in the UHL project. They have a desire to partner with the UHL in developing an enhanced sustainable travel network serving the hospitals. This includes:

- Electric rapid transit services serving LRI e.g. from Birstall, Meynells Gorse and Enderby.
- Investment in electric buses for the hopper, this could happen as early as Spring 2021
- Investment in all the Park and Ride services including but not limited to bringing all P&R via the LRI, plus opportunity for extended hours and more frequent services
- New park and ride services, including one at Beaumont Leys, with further discussions planned
- Possible Park and Ride on the Leicester General Site (see below)
- Electric bike hub at the LRI site to link with up to 50 other city centre hubs (including the train and bus stations) by the end of Spring 2021, with further discussions to extend to GH and LGH
- A new cycle parking facility at the LRI.
- Improvements to existing cycle parking at the LRI
- Investment in the Hospital Hopper.
- New free city centre connection serving the LRI.

e. During the meeting with the Leicester City Council discussion was held with regard to park and ride on the east of the city and considering any possible locations for this.

14. The next key actions in the next phase of work will be:

- Engagement with external stakeholders to progress the co-production of transport measures to support the Reconfiguration Programme and help secure long-term benefits to the Trust.
- Development of business cases for where there is a requirement for investment from the Trust in transport measures.
- Engagement with internal stakeholders to help embed a proactive approach to sustainable travel as part of the DNA of the Trust.
- Gathering, reviewing, and responding (as appropriate) to travel feedback being received from the consultation.
- Development of a sustainable travel network for the three UHL sites in partnership with Leicester City Council. This will focus on enhanced bus links and cycle links along with complimentary measures to help promote.
- Development of the Travel Action Plan arising from the above actions.

Interim ICU scheme and associated clinical services

15. The project is progressing well and is on track to commence the service moves in July 2021. The key areas of progress to highlight are summarised below:

- Construction - All schemes are now contractually complete and handed over, with the exception of Glenfield Wards which have a few outstanding minor snag works which are in progress.
- Clinical Management Group (CMG) Operational Delivery Groups (ODGs) - There continues to be positive progress and engagement in terms of working through risks and issues within CMGs and across CMGs.
- Theatre Timetables - the CMG ODGs have worked closely with ITAPS to develop the theatre timetables and provide a workable solution on all sites. The final configuration of the theatre timetables was signed off at the last Interim Reconfiguration Oversight Committee (IROC) meeting.
- Risk - The Risk Register was reviewed at IROC and an update presented. There is one outstanding action related to the scoring of the travel and parking risk. This will be actioned up by the estates team. A new risk has been identified with respect to out of hours cover for deteriorating patients on the LGH site following the interim moves. The risk is around 24/7 staffing of the Deteriorating Adult Response Team (DART) and the interaction of this team with medical registrar cover and staffing of the adult cardiac arrest team. Work is ongoing with ITAPS and ESM to resolve this.
- Finance – The project is on track to deliver a projected underspend. Work is underway on the revenue costs approved in the business case as part of the 21/22 Planning process.
- Next steps - The following activities are planned for December 2020:
    - Standard Operating Procedures will be presented at CAST by the CMGs and approval sought.
    - CMG Task and Finish groups will continue to meet and work towards the project programme.
    - Identification of timeline and costs for the nephrology project. Any risks and issues will be presented to IROC in December.

Move of the East midlands Congenital Heart Centre

16. As we enter into a very difficult time for the Hospital, it is important that the reconfiguration project teams continue to move things forward in the background. As we come out of the Winter, we need to be ready for Phase I of the Children's Hospital, which is the move of the East Midlands Congenital Heart Service (EMCHC).

17. The construction of the new build is progressing well and is on course to be ready for the move of the EMCHC service in April 2021.

18. The engagement process with staff has commenced and whilst this is not a formal management of change, it is important that staff have the opportunity to provide feedback.

19. We are moving to the next stage of patient involvement and engagement which will help to inform the development of patient leaflets and Frequently Asked Questions (FAQs). Patient engagement is a valuable part of planning the move to include input from all service users.

20. The Leicester Children's Hospital Appeal continues to receive donations and has had good media coverage over the last few weeks.

21. Further details of the EMCHC project progress is attached as **Appendix 1**.

Finance update

22. As previously reported, £450m capital has been allocated as part of the New Hospitals Programme from the NHS. Additional sources of funding (charity and trust capital) have been committed to support the reconfiguration programme creating an overall funding envelope at £460m.

23. As at the end of the October 2020:
    - Year to date spend is £12.3m which is £11.1m underspent due to slippage in the Reconfiguration Programme where the plan assumed an August OBC start.

    - Forecast spend of £31.9m which is £22.9m less than Plan with £22.5m driven by the re-phasing of the PDC drawdown to reflect the current Reconfiguration Programme.

24. The Finance report is attached as **Appendix 2**.

Risk

25. The process for managing risk, and the actual risk register was discussed in detail at the last Trust Board; and was also presented to the Audit Committee on the 9th December.

26. There are no new risks to escalate and no changes to scores at this point.

27. The risk register and update paper are attached as **Appendices 3 and 4**.

Governance and Reporting

28. The individual project highlight reports were shared with the Reconfiguration Programme Committee and any issues discussed. These are available upon request.

Input Sought

The Trust Board is requested to:

1. **ADVISE** whether this report provides sufficient and appropriate assurance of the progress of the UHL Reconfiguration Programme, and note the content of this paper.

For Reference:
This report relates to the following UHL quality and supporting priorities:

Equality Impact As

1. ***Quality priorities***

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. ***Supporting priorities:***

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. **Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? Full EIA is included in the Pre Consultation Business Case.

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects.

- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects.

- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

4. **Risk and Assurance**

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: [Jan 2020]
6. Executive Summaries should not exceed **5 sides** [My paper does not comply]

Children's Hospital Reconfiguration: Phase I re-location of EMCHC Services

Author: Lesley Shepherd – Project Manager Sponsor: Mark Wightman – Director of Strategy and Communications

Paper D – Appendix 1

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	01/12/2020	ESB - For noting
Trust Board Committee		
Trust Board		

Executive Summary

As we enter into a very difficult time for the Hospital, it is important that the reconfiguration project teams continue to move things forward in the background. As we come out of the Winter, we need to be ready for Phase I of the Children's Hospital, which is the move of the East Midlands Congenital Heart Service (EMCHC).

The construction of the new build is progressing well and is on course to be ready for the move of the EMCHC service in April 2021.

The engagement process with staff has commenced and whilst this is not a formal management of change, it is important that staff have the opportunity to provide feedback.

We are moving to the next stage of patient involvement and engagement which will help to inform the development of patient leaflets and Frequently Asked Questions (FAQs). Patient engagement is a valuable part of planning the move to include input from all service users.

The Leicester Children's Hospital Appeal continues to receive donations and has had good media coverage over the last few weeks.

"You Said……., We Did!"

This month we are focussing on the **"You Said……, We Did"** engagement with our patients. What does this mean?

- We ask our patients for feedback
- Where it is possible, we implement the changes that have been suggested
- We listen to our patients and work with them to ensure the service move happens with their involvement
- We work with patients, carers and families to develop information leaflets which provide the right information at the right time

During December we will be inviting patients, carers, families and Charity partners to take part in a Patient Partner group to share the progress of the project and to take any questions. This will give our patient carer stakeholders the opportunity to discuss any worries or concerns that they might have regarding the physical move, but also a chance to celebrate the future of the EMCHC services at the LRI. From the discussions we will develop Frequently Asked Questions (FAQs). These will be shared on the EMCHC website.

We will also use the Patient Partner groups to review the patient leaflet information to ensure that the content meets the needs of the patient and their families and carers.

Our Communication

The EMCHC teams have continued to develop "Comms Cells" in their clinical areas. These are information boards for both staff and patients.

Here is the board on Ward 30 at Glenfield Hospital. This is an excellent example of the engagement from the staff and information for patients.

Staff across the EMCHC teams are volunteering to take on specific roles for the move outside of their normal working roles. This will help to ensure that we have "eyes and ears" everywhere for the actual move time. The clinical teams will ensure everything is in place for patients. The Medical Physics department, who look after the equipment on the wards, will make sure everything is tested and ready to move. The Project team will co-ordinate the move with an hour by hour plan. A great deal of work will have taken place prior to the move in the new areas, setting up clinical areas and testing equipment. The Capital Project Team who are responsible for

the new building and the refurbished wards and outpatients will ensure the buildings are checked and ready to hand over with all fixtures and fittings in place.

Our Staff

The first HR meeting with staff has taken place regarding the move of services. Whilst the move of the EMCHC service does not mean a change of contract arrangements for staff, it was decided that the principles of management of change would be followed. This would give the staff an opportunity to have individual meetings, if required, to provide feedback.

View from the Cath Lab into the Scrub Room

View from inside the Cath Lab control room

Central Theatres/Cath Lab Corridor

Internal View – Cath Lab

The Construction Programme

Work continues in all areas of construction and refurbishment. The project is on course to complete ready for handover in mid-April 2021.

The new building is starting to take shape externally and internally. It is anticipated that early in the new year, key staff members will be able to take part in a site tour. This will enable them to visualise the new areas where they and their teams will work.

These pictures show the progress with the Catheter Lab and Theatres in the new build. The external of the building is also progressing with the brickwork going up on the external walls.

The finer details are now being put in place including flooring, electrical cabling and the ceiling pendants in the Catheter Lab.

Risks & Mitigations

- Recruitment – some areas of recruitment remain challenging. Mitigating plans are being developed and discussed to ensure that the relocation takes place safely
- Covid 19 restrictions – the measures put in place continue to be effective ensuring that construction work progresses. There have been no further issues with Supply Chain.

Leicester Hospitals Charity and the Leicester Children's Hospital Appeal

The Leicester Children's Hospital Appeal continues to progress with several substantial pledges of support being received over the last month, including a gift from Heart Link, a long-time supporter of EMCHC. We have kept the appeal in the media eye, receiving print, online, TV and radio coverage. Over the next four weeks leading to Christmas we are running a multi-channel campaign going out to families across LLR with our Christmas Appeal in aid of the Children's Hospital, featuring the case study of Hope and her father**.**

Conclusion

This paper seeks to provide continued assurance to the Trust Board that the move of the EMCHC service to the Leicester Royal Infirmary hospital site remains on schedule for April 2021. Risks to the project are being mitigated and monitored closely through the governance boards, taking into account that the risk relating to Covid 19 restrictions is out-with the control of the project team.

This paper is for noting and assurance

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Yes
Improved Cancer pathways	Not applicable
Streamlined emergency care	Yes
Better care pathways	Yes
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Investment in sustainable estate and reconfiguration	Yes
e-Hospital	Not applicable
Embedded research, training and education	Yes
Embed innovation in recovery and renewal	Yes
Sustainable finances	Yes

3. **Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)?
    - A Equality Impact/Due Regard assessment was carried and found that all reasonable adjustments have been made to ensure equity

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
    - A patient partner representative sits on the Children's Project Board and has engagement with patients, carers, schools and has been in attendance at design meetings

- How did the outcome of the EIA influence your Patient and Public Involvement ?
    - Patients and carers are key stakeholders in the project along with long standing associated charities who continue to be involved

- If an EIA was not carried out, what was the rationale for this decision?

4. **Risk and Assurance**

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: [January 2021]

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Reconfiguration Programme Expenditure

Author: Lisa Gale Sponsor: Nicky Topham

Paper D – Appendix 2

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	x

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Programme Cmtee	20/11/2020	For Noting
Executive Board	01/12/2020	For Noting
Trust Board Committee		
Trust Board		

Executive Summary

Context

The report updates the Trust Board on the financial position in relation to the Reconfiguration Programme together with an update on 2020/21 Reconfiguration Capital Spend against the Trust's annual Capital Plan.

Questions

1. What is the financial envelope for the Reconfiguration programme?
2. What was the total reconfiguration programme year to date capital expenditure for 2020/21?

Conclusion

1. As previously reported, £450m capital has been allocated as part of the New Hospitals Programme from the NHS. Additional sources of funding (charity and trust capital) have been committed to support the reconfiguration programme creating an overall funding envelope at £460m.

2. As at the end of the October 2020:

- Year to date spend is £12.3m which is £11.1m underspent due to slippage in the Reconfiguration Programme where the plan assumed an August OBC start.

- Forecast spend of £31.9m which is £22.9m less than Plan with £22.5m driven by the re-phasing of the PDC drawdown to reflect the current Reconfiguration Programme.

Input Sought

The Trust Board is asked to **NOTE** the M7 spend for the 2020/21 Financial Year and reconfiguration capital plan.

For Reference:

This report relates to the following UHL quality and supporting priorities:

Equality Impact As

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects.

- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects.

- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: [Jan 2021]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **3RD DECEMBER 2020**

REPORT FROM: **LISA GALE – RECONFIGURATION HEAD OF FINANCE**

SUBJECT: **PROGRAMME EXPENDITURE**

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1. INTRODUCTION

1.1. This report updates the Trust Board on the financial position of the programme together with 2020/21 spend against the agreed capital plan.

2. RECONFIGURATION CAPITAL PROGRAMME: OVERALL UPDATE

2.1. Consultation started on 28th September 2020 with the Decision Making Business Case approval programmed for January 2021 along with the commencement of Outline Business Case (OBC) development.

2.2. As previously reported to the Trust Board in addition to the PDC, additional sources of funding has been committed to support the reconfiguration programme with the overall funding envelope at £460m.

2.3. To date, the Programme has received approval to drawdown £3.2m in relation to Pre OBC development and £1.07m design fees in relation to the early projects within the programme.

2.4. In addition to the approved drawdown described in paragraph 2.3, the Programme is seeking approval to drawdown the following additional funds:

- £1.5m in relation to a dedicated PMO facility. The Business Case has been approved by the Trust Board and submitted to NHSE/I and DHSC which is due to be considered at the Joint Investment Committee on 27th October;
- £8.9m in relation to the Decontamination Business Case which has been approved by the Trust Board and is due to be considered at the Joint Investment Committee on 21st December;
- £4.1m for additional fees through to March 2021 in relation to Early Projects, Main Projects and Programme fees. The required templates have been completed and sent to NHSE/I for review before approval.

3. 2020/21 CAPITAL PLAN

3.1. In relation to the Reconfiguration Programme, the capital plan aligns with the Trust's capital plan with associated schemes totalling a budget of £54.3m as illustrated in the table below.

Table 2 *– 2020/21 reconfiguration programme draft capital plan*

Reconfiguration Programme Funding	Budget 20/21 Total £'000	EMCHC £'000	EMCHC Gynae £'000	EMCHC Infrastructur £'000	Interim ICU £'000	Renal Ward move £'000	Main Programme £'000
CDEL	16,304	4,711	576	1,475	8,742	300	500
PDC	31,734				622		31,112
Charitable Donations	6,300	6,300					
Total	**54,338**	**11,011**	**576**	**1,475**	**9,364**	**300**	**31,612**

4.3 The above capital plan includes PDC drawdown of £31.1m in relation to the main programme and £450m associated funding. This drawdown profile has since been updated which requires £9.1m PDC for 2020/21 and £0.5m CDEL to fund early design for Car Parks.

4. 2020/21 M7 CAPITAL SPEND

4.1. The capital spend is based on certified valuations from contractors on the big schemes together with purchase orders and accruals.

4.2. As at the end of the October 2020:

- Year to date spend is £12.3m which is £11.1m underspent due to slippage in the Reconfiguration Programme where the plan assumed an August OBC start together with underspend within the EMCHC and Interim ICU schemes.

- Forecast spend of £31.9m which is £22.9m less than Plan with £22.5m driven by the re-phasing of the PDC drawdown to reflect the current Reconfiguration Programme.

Table 3 *– 2020/21 reconfiguration programme year to date capital expenditure*

	Reconfiguration Programme Expenditure	Year to Date Month 7 Budget £'000	Actuals £'000	Variance £'000	Ful Year 20/21 Budget £'000	FOT £'000	Variance £'000
Main programme	Programme	2,081	953	1,129	3,396	3,396	0
	Main Projects OBC Development	5,352		5,352	25,898	3,358	22,540
	Decontamination		14	(14)	1,462	1,462	0
	Back Office and Education & Training	47	67	(20)	642	642	0
	Site Clearance & Early Infrastructure				181	181	0
	Stroke Relocation				34	34	0
	LRI Car Park				250	250	0
	GH Car Park				250	250	0
	Main Programme Total	**7,481**	**1,034**	**6,447**	**32,112**	**9,572**	**22,540**
EMCHC Scheme	EMCHC	6,301	3,815	2,486	11,011	10,618	393
	Gynae	576	531	45	576	576	0
	EMCHC Infrastructure	1,327	814	513	1,475	1,475	0
	EMCHC Total	**8,204**	**5,160**	**3,044**	**13,062**	**12,669**	**393**
ICU	**Interim ICU**	7,561	6,060	1,501	9,364	9,364	(0)
Renal	**Renal Ward Move**	132		132	300	300	0
	Total Reconfiguration Programme	**23,378**	**12,254**	**11,124**	**54,838**	**31,905**	**22,933**

4.3. As described in paragraph 4.4, the drawdown of PDC in relation to the main has been updated to reflect the current Programme. The CDEL funding of £0.5m will be used to progress car parks pending the resolution of funding through additional PDC. Progressing Car Parks is on the critical path and therefore these need to progress to ensure delivery of the programme within the current timescales albeit there is risk regarding the recoverability of this early funding. In the event of no additional funding, this would need to be absorbed by the programme budget of £460m.

4.4. The sections below provide an update on the different projects in relation to M7 year to date and forecast spend.

5. PROGRAMME COSTS

5.1. Whilst consultation is in progress, the programme is currently in the pre OBC development phase**.** Funding of £3.2m has been approved of which £0.2m was drawn in 2019/20 and the remaining £3m will be drawn in 2020/21.

5.2. Programme costs include UHL staff and professional advisers that support at a programme level rather than an individual project level.

5.3. The 2020/21 funding requirement and spend is summarised in table four below.

Table 4: *Pre OBC Development Costs*

	2020/21 YTD: M7			Full Year		
	Approved funding	Actuals	Variance	Approved funding	Required Funding	Additional Funding
	£'000	£'000	£'000	£'000	£'000	£'000
UHL Staff costs	991	633	358	1,429	1,707	(277)
Digital PMO	0			0	48	(48)
Surveys & Investigations	464	17	448	696	696	0
RLB: Sustainability/BREEAM	37	0	37	55	39	16
RLB: Social Values	37	0	37	55	28	28
RLB PM & Cost Adviser support	213	207	5	269	460	(191)
RLB: Programming	0			0	26	(26)
RLB: Enabling Services						0
KD Health Health Planning	100	32	68	100	127	(27)
Capsticks: Legal	34	22	12	48	60	(12)
PwC	183	19	164	265	165	100
Business Case Writing	17	0	17	50	50	0
Business Case Writing CCG contribution	(8)	0	(8)	(25)	(25)	(0)
BDP: Visualisations	15	24	(9)	15	15	0
Balance to business case				55		55
Total spend forecast	**2,081**	**953**	**1,129**	**3,013**	**3,396**	**(383)**

5.4. Programme spend as at October 2020 is at £953k which is £1,129k less than plan with underspend in most spend categories but most significantly in Staff costs, surveys and investigations and PWC. The forecast for these need to be validated to ensure funds are not drawn down early and remain unspent at year end.

5.5. The forecast spend is £3,396k which is £383k more than the current approved funding which can be drawdown and forms part of the additional drawdown request to NHSE/I.

6. EARLY PROJECTS

6.1. Within the overall programme are projects which are not dependent upon the outcome of consultation but are part of the critical path need to be started ahead of the projects within the main programme and can be started early.

6.2. The business case for the Decontamination Unit has been approved by the Trust Board and submitted to NHSE/I and DHSC for review. Initial feedback has been received from DHSC which has been addressed and the updated business case re-submitted for review and approval. Pending planning permission, the business case is scheduled to be considered at the Joint Investment Committee on 21st December with construction to start in January 2021. The impact of the delayed timeline on the temporary revenue solution has been validated with an immaterial impact on 2021/22 and 2022/23 financial years.

Pending approval of the Decontamination Business case and release of funds, costs that are being incurred are currently being covered by the Pre OBC funding which will be recovered upon drawdown of the funding for Decontamination.

6.3. A summary of the Early Projects is provided in the table below:

Table 5 *Early projects financial summary 2020/21*

Reconfiguration Programme Expenditure	Year to Date Month 7			Ful Year 20/21		
	Budget £'000	Actuals £'000	Variance £'000	Budget £'000	FOT £'000	Funding required £'000
Decontamination	0	14	(14)	0	1,462	(1,462)
Back Office and Education & Training	47	67	(20)	394	642	(248)
Demolitions & Early Infrastructure				131	181	(50)
Stroke Relocation				31	34	(3)
LRI Car Park				250	250	0
GH Car Park				250	250	0
Main Programme Total	**47**	**81**	**(34)**	**1,056**	**2,818**	**(1,762)**

6.4. The forecast spend of £2,818k reflects £1.5m in relation to Decontamination pending business case approval together with £1.4m fees in relation to business case development of the remaining early projects.

6.5. Additional funding of £1,762k reflects the additional drawdown pending business case approval.

7. CONCLUSION

The Trust Board is asked to **NOTE** the M7 spend for the 2020/21 Financial Year and reconfiguration capital plan.

Reconfiguration Programme - Risk Update

Author: Mark Peat Sponsor: Nicky Topham **Paper D – Appendix 3**

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Committee		Discussion and assurance
Executive Board		Discussion and assurance
Trust Board Committee		
Trust Board		Discussion and assurance

Executive Summary

Context

It is essential to identify and acknowledge the risks in capital projects at an early stage in order to manage and mitigate them where possible. The risk registers are live documents, and will be regularly reviewed and updated for the duration of the programme. An audit trail will be maintained to ensure that, as risks and issues are identified, mitigated and ultimately closed, all actions and steps are captured.

Risk is captured at various levels in the programme: we have individual project risk registers which detail the risk relating to delivery of each element of the programme, and then strategic risks which reflect delivery of the whole programme. This paper will identify the strategic risks to the programme.

The programme risk register identifies strategic risks attributable to the whole programme that could affect the delivery of the programme, ensuring all are sighted and engage in active risk management. Risks identified at this level are broad in nature and not always quantifiable.

Questions

1. How is risk being managed by the Programme Team?
2. What process is being undertaken to keep the risk register up to date?
3. How will the trust board be kept informed of the strategic risks?
4. What are the risks scoring 15 before mitigation?

Conclusion

1. A recognised 'best practice' methodology for risk management is being followed, with designated workstream leaders taking responsibility for specific risks as appropriate to their area of expertise; and a dedicated workstream lead is taking leadership responsibility for the management of risk.

   This lead role will:

   - lead discussion and proactively manage risk across the program and individual projects as part of the weekly workstream leads meeting
   - collate and report Program and Project risk
   - ensure that the risk registers remain 'live' at all times
   - ensure that appropriate mitigation, dissemination and escalation measures are taken
   - ensure that a consistent methodology is adopted in the capture, reporting and mitigation of risk
   - jointly 'champion' the development and delivery of the digital project management system which will enable the consolidation of individual risk reports (per project) into a single risk 'dashboard' that will enable an overview across all projects in one place
   - ensure that standardised project management nomenclature is used for all risk reports to ensure that they can be suitably identified, tracked and reported against

2. By utilising the 'workstream lead model of management', the program team have adopted a methodology that will review, record and proactively manage risk on a regular / weekly basis. This will form part of a wider drive to ensure that risk identification and management becomes an embedded function within the normalised culture of the program team.

3. Price Waterhouse Cooper (PwC) will be undertaking an assurance role on behalf of the Trust Board. This will include periodic reporting on the management of risk to the Audit Committee. The risk register will be presented on a monthly basis to the Reconfiguration Committee, Executive Strategy Board and Trust Board

4. The whole strategic risk register is included as appendix 1. The following risks and mitigations score 15 and above:

RISK ID	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	RAG	RISK MITIGATIONS	RAG
2	New national guidance or policy change from NHSEI, DHSC or Treasury (not an exhaustive list)	Impact of unknown / emerging central guidance and policy i.e. Zero Carbon, Car Parks, Covid, Digital requirements	Potential impact on health planning, design, funding and financial models. Resulting in costs pressures and programme delay.	Early engagement with external influencers and policy makers i.e. NHSE/I, DH, Treasury and ongoing, regular dialogue through the life of the programme.	**15**	Proactive approach and management to implement strategies to mitigate changing policy and regulatory landscape	**6**
8	Cost escalation prior to contract award due to external factors	External factors (inflationary, macroeconomic such as market changes or impact of political factors such as Brexit) lead to rising contractual costs, which impact on programme affordability within current capital budget.	Additional time and costs added to the Programme, may render programme unaffordable.	Utilise expertise from cost advisers to alert any concerns around cost escalation and identify best mitigation strategies. Escalate to DHSC/NHSEI if concerns raised that this may extend capital requirements for the programme.	**16**	Close design control and proactive costs management. Clear elemental budget definition, target and monitoring throughout the project lifecycle. Value for Money (VFM) paramount and control of the whole required to achieve (Project Cost).	**6**

24	Lack of decant space impacts on programme	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	**16**	The overall program is reviewed and progressed with the space planning team, significant decant space identified in the programme (Brandon unit, Mansion House) and planned as a project work stream. Decant space funding identified in overall scheme budget	**8**
27	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from doffing and donning, operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Clinical areas are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link with CMGs clinical input to create and implement mitigating strategies.	**16**	Ensure revised clinical practices which were implemented during the COVID pandemic are embedded in the design process by updating the Standard Operating Procedures to incorporate new ways of working .	**9**

Input Sought

The Trust Board is requested to

1. Note the approach being taken to manage risk, and advise whether this provides adequate assurance that risk is being actively managed and mitigated.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects
- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects
- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	X	PR 7 – Reconfiguration of estate

Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: [January 2020]

6. Executive Summaries should not exceed **5 sides** [My paper does not comply]

University Hospitals of Leicester
Programmme Level Risk Register
Date Issued: 25/11/20

RISK ID	STAGE	RISK CATEGORY	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	PROBABILITY	CONSEQUENCE	RAG	RISK MITIGATIONS	PROBABILITY	CONSEQUENCE	RAG	RISK OWNER	Executive Lead	Escalate to CMG Risk Register	Date for Review	Last updated	Issue	OPEN / CLOSED	ONGOING / COMPLETED
1	General	Outside Influence (Pandemic, Civil Disruption)	Impact of national and or local emergency (i.e. Covid)	Further outside influence such as national pandemic / civil disruption / environmental disaster / local emergency impacting LLR region	Delays to programme, increased costs, potential changes to desion required to mitigate future realted issues	Desion awareness, contingency allowance	1	5	5	Proactive approach and management to implement strategies to mitigate the issue	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
2	General	Guidance & Policy	New national guidance or policy change from NHSEI, DHSC or Treasury (not an exhaustive list)	Impact of unknown / emerging central guidance and policy i.e. Zero Carbon, Car Parks, Covid, Digital requirements	Potential impact on health planning, design, funding and financial models. Resulting in costs pressures and programme delay.	Early engagement with external influencers and policy makers i.e. NHSEI, DH, Treasury and ongoing, regular dialogue through the life of the programme.	3	5	15	Proactive approach and management to implement strategies to mitigate changing policy and regulatory landscape	2	3	6	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
3	General	Scope	Further construction or enabling works required to facilitate reconfiguration outside of current scope.	During the course of the programme additional works are identified to facilitate the reconfiguration programme i.e. catering, laundary etc.	Additional scope, cost pressure, longer approvals process and programme extension.	Robust scope of works, tested and challenged. Change control procedure in place to avoid scope creep. Engage appropriate range of stakeholders early in programme to mitigate scope surprises, or need for corrective action.	2	4	8	Correct identification of appropriate range of stakeholders to validate scope of programme. Robust change management approach to avoid unnecessary widening of scope. Effective management of stakeholder expectations from programme team around what is and is not included in the programme.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
4	General	Clinical	Clinical services capacity not able to facilitate the delivery of the reconfiguration programme	Inability to sustain clinical services due to lack of functional content i.e. beds, clinical equipment, workforce.	Programme does not deliver clinical objectives set out in business case, and clinical sustainability targets for the Trust not met leading to increased costs, negative workforce outcomes and potential programme delay.	Early, ongoing and consistent clinical input into programme team to ensure clinical functional content fulfilled. Clinical leaders recruited into programme team to ensure clear focus on realising clinical benefits.	2	4	8	Clinicians with a focus on functional content at the centre of programme decision making. Regular reviews of clinical services capacity to deliver programme objectives, with strategies in place where roadblocks identified.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
5	General	BAU	Business as usual plans impact upon ability to deliver reconfiguration programme	Reconfiguration programme and BAU plans are not co-ordinatedwhich leads to competing, non-aligned ideas and aspirations.	Abortive works, potential delay to reconfiguration programme, alternative design solutions to be found, programme delay and additional costs	Close coordination and integration of different work streams. Single point of control for future Trust strategy incorporating BAU and Reconfiguration. Regular dialogue between resource demands of BAU and Reconfiguration.	1	4	4	Representations of BAU and Reconfiguration workstreams shared at same intervals/control points, and managed together to prevent risk of clash between competing Trust priorities. Trust adopts a single change management approach which is inclusive of BAU and Reconfiguration requests.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
6	General	Market	Construction market engagement and capacity not able to meet requirements of Reconfiguration Programme.	Limited tier 1 contractors capable of delivering programmes of equivalent size and complexity. Potential capacity issues due to anticipated volume within the health sector (HIP1 and HIP2) all tendering for works within a similar timescale).	Delays to programme of works, additional costs and reworking of programme may be required to meet needs of construction market capacity.	Early engagement of construction market to satisfy that Reconfiguration demands are within reasonable scope of what Tier 1 companies can fulfill. Utilise experience from previous Trust and other Trusts' engagement with Tier 1 companies to inform engagement strategy.	2	4	8	Early dialogue with industry to assess how realistic Reconfiguration scope is against their working capacity. Use collaboration meetings with other Trusts to identify hotspots of demand, to ensure UHL pitch for works at the best juncture. Early contractor engagement and procurement.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
7	General	Procurement	Appropiate route to market not selected and or a available leading to regulatory and fulfillment issues	Available frameworks (P22, CCS, Procure 2020) may not be suitable or provide access to desired contractors. Open tender under OJEU is complex and time consuming.	Programme delay, associated time and additional costs. May incur regulatory non-compliance issues/penalties for the Programme.	Utilise expertise from programme advisers and internal procurement teams to select most appropriate pathway to market. Effective co-ordination with other HIP1/2 schemes to ensure a similar approach is taken across the board.	3	4	12	Gain external specialist support to assure correct procurement decision making and early engagement with NHSEI/DHSC to test and support proposals.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
8	General	Costs	Cost escalation prior to contract award due to external factors	External factors (inflationary, macroeconomic such as market changes or impact of political factors such as Brexit) lead to rising contractual costs, which impact on programme affordability within current capital budget.	Additional time and costs added to the Programme, may render prosramme unaffordable.	Utilise expertise from cost advisers to alert any concerns around cost escalation and identify best mitigation strategies. Escalate to DHSC/NHSEI if concerns raised that this may extend capital requirements for the prosramme.	4	4	16	Close design control and proactive costs management. Clear elemental budget definition, target and monitoring throughout the project lifecycle. Value for Money (VFM) paramount and control of the whole required to achieve (Project Cost).	2	3	6	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
9	General	Market	Uncertain impact once the end of UK-EU Transition period is reached on 31 December 2020 on the commercial landscape the Reconfiguration Programme operates in.	Access and costs of the marketplace for construction rise due to the end of the UK-EU Transition period on 31 December 2020 leading to costlier trade laws/regulations. New regulations in place which impact on ability for programme to deliver expected benefits.	Programme delay, additional costs and changing regulatory landscape adding to complexity of programme completion goals.	Ongoing monitoring and feedback from central government of the expected impact on this on HIP1 schemes. Make best use of collaboration with other HIP1 schemes to mitigate issues and share best practice.	2	4	8	Closeness of programme and advisers to ongoing developments, especially as transition period ends, and adopting mitigation strategies working with key external stakeholders where required.	1	4	4	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
10	Business Case	Engagement	Delays to business case development due to evolving / changing requirements from regional/national stakholders	Stakeholder engagement at external regional/national level engenders a lack of clarity in approach to the business cases and what is required for approval leading to multiple revisions presented.	Delays to programme (with potential costs), additional costs incurred for amendments to business case.	Regular engagement with NHSIE, PWC governance advise to mitigate risk of unexpected further revisions. Key UHL personnel are better business case practitioners, with knowledge to foresee and mitigate potential hurdles.	2	3	6	Early engagement with external stakeholders to ensure changes are captued early and the impact of amendments is minimised. Building effective relationships with regional/national stakeholders to promote good awareness and early knowledge of changing policy horizon.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
11	Business Case	Engagement	Delays to external business case approval.	NHSEI, DHSC, Treasury take longer than currently envisaged (4 Months) to approve the FBC.	Delay to construction, additional time and cost.	Detailed, robust and socialised programme. All approval checklists used in FBC completion to reduce risk of delays being identified.	2	3	6	Building effective relationships with stakholders involved in approvals process to ensure good Trust knowledge of expected approvals pathway, and early sight to obstacles which will extend expected 4 month approvals journey.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
12	Business Case	Engagement	Commencing FBC prior to OBC approval.	Funding unavailable for continuation of FBC without OBC approval, thus desion activity is broken and delayed.	Delay to programme, associated increased time and cost implications.	Detailed, robust and socialised programme. Ensure key UHL stakeholders aware and supportive of this approach, and assess best practice from similar existing and/or recent schemes.	2	4	8	Gaining support from programme advisers and key internal stakeholders to assure approach is an acceptable risk. Share approach with key regional/national stakeholders to reaffirm suitability of approach within the circumstances of UHL reconfiguration.	1	4	4	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
13	Business Case	Costs	There is a risk that we are unable to drawdown capital in line with programme.	Reconfiguration programme expenditure does not align with national availability of capital for early drawdown and or delays in the drawdown process.	Inability to procure and develop the design. Delays to programme and additional associated costs.	Regular engagement with DHSC regarding capital requirements to support the programme, detailed drawdown schedules to mitigate risk of drawdown gaps.	2	4	8	Continued regular engagement with DHSC regarding capital requirements to support the programme, ensuring that we submit applications for drawdowns in a timely fashion, early escalation of risk of delay if there is an early warning that this will come to fruition.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
14	Business Case	Programme	**The capacity delivered through the Reconfiguration program is inadequate for future demand.**	If the CMGs continue to expand services without off setting a reduction in activity the Bed Bridge / outpatient / theatre capacity may not accommodate the requirements of UHL tertiary and specialist patient cohorts.	Bed requirements exceed capacity creating longer waiting times, loss of income and reduced performance in RTT & ED.	Specialised Services strategy approved by the Executive Strategy Board. Bed Bridge developed and scrutinised through EM Clinical Senate 6th July 2018 and approved by NHSE Regional panel on 20 March 2019. Dedicated responsible Director leading on-going work to review bed schemes planned to new models of care.	3	3	9	CMG transformed models of care and new bed requirements agreed with Executive Strategic Board; specific focus on specialist NHSE commissioned services	2	2	4	TRUST - Debra Mitchell	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
15	Business Case	Consultation	Impact of delay if programme is referred to judicial review and this challenge is then upheld.	If the programme is referred to Judicial Review by local and/or national interest groups or individuals who choose to challenge the consultation process because the consultation did not follow due process, there will be significant delay to the programme expected to be 6-18 months.	Delay to approval of OBC & FBC and subsequent delay to delivery of whole programme, up to 18 months.	UHL and CCG working closely together. Strong case developed. Legal advice commissioned from Browne-Jacobson to ensure robust process being followed . Involvement from NHSEI through PCBC assurance process, regionally and nationally.	3	4	12	engagement process developed. Board range of community organisations fully engaged to reach into specific communities to ensure their voice is heard. Board ranging Public engagement events ensuring that strong reasoning and detailed plans are communicated and opinions and view received. Clinical leads are identified for each key project. Dialogue with local politicians and influential stakeholders is on-going.	3	3	9	TRUST - Mark Wightman	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
16	Business Case	Demand & Capacity / STP	Demand not managed in line with STP resulting in planned bed reductions not being achieved	If the community work required by LLR in the STP work-streams do not enable UHL to manage demand within the agreed capacity, demand may rise at a level over and above that planned for in the STP, which prevents the planned bed reductions.	Failure to manage demand will put increased pressure on the existing bed base and Outpatients and challenge the ability to achieve the 3 to 2 site strategy within budget. The level of detail in the plan is variable, therefore some demand management may be significantly more challenging than others.	DCP to align with up-to-date bed reductions. Plans in place for demand management with the exception of 52 beds. STP work-stream established for Frailty and Multi-Morbidity chaired by UHL CEO. Planned Care Board driving delivery.QIPP assumptions	2	5	10	Frailty and Multi-Morbidity work-stream has clear action plan, cross agency signage and project management support to drive delivery. STP SLT ownership.	1	4	4	TRUST - Mark Wightman	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
17	Business Case	Finance	Savings identified in PCBC may be delivered through alternative workstreams reducing the identified cash releasing benefits.	If some savings are brought forward and delivered as part of the general CIP's rather than attributable to reconfiguration, the programme will not deliver the assumed revenue savings.	The Programme may not deliver the financial benefits anticipated and therefore cannot eliminate the structural deficit. increasing the requirement to deliver additional CIPs.	Bottom up analysis of the transformation savings deliverable as a direct consequence of Reconfiguration has identified in excess of £20m non-estate and capital charge savings. Regular monitoring of CIPs against reconfiguration savings for early risk management if any challenges arise.	3	3	9	OBC's will identify a robust financial model, which are supported by UHL Clinical and Corporate Management Groups. A savings tracker for each scheme will monitor reconfiguration savings and CIP's to avoid duplication and ensure achievement of savings targets. The savings target will be maintained at the proposed level but the savings will be under continual review as the financial and clinical environment chanaes.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
18	Business Case	Reconfiguration	There is a risk that the complex internal dependencies between reconfiguration projects are not delivered in the required timescales.	Failure to deliver to programme milestones or lack of capital availability means that business cases are not approved in a timely manner, and once approved, capital may not be forthcoming owing to approval delay.	Delays to programme,delays to obtaining funding and increased costs.	Monitoring by the Reconfiguration Programme Board via the interdependencies chart. Engagement with NHSI, Taunton and the *DHSC* in order to ensure they are aware of the reconfiguration programme, the timescale, interdependencies and funding requirements.	2	4	8	Clinical services will not be moved until all services on which they are dependent are available with appropriate capacity. Development of DCPs will identify sequencing and interdependencies between projects.	1	4	4	TRUST - Nicky Tooham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
19	Business Case	Reconfiguration	Lack of resource to deliver OBC and FBC due to delays in funding.	If there is a lack of timely drawdown PDC there may not be enough resources to develop the business case to support the programme in line with required timescales.	Delays to delivery of robust business cases with consequential impact of programme delay.	Assumption that fees expended before FBC approval will be funded through short-term loans which are repaid upon FBC approval.	2	4	8	Discuss the process for applying for upfront financial drawdown in order to progress the Programme development with NHSI. If required, prioritise CRL against those projects that need to deliver early in the programme.	1	4	4	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
20	Business Case	Reconfiguration	Lack of clinical and operational input into the development of the operational policies, design and business case.	Operational pressures mean that clinical teams do not have the time or resources to commit to programme document development.	Delay to Reconfiguration Programme; lack of clinical ownership; impact on quality of the design; processes impacted. Capital pressure to fund required resource. Late engagement can cause significant changes post business case approval with associated time & cost impact.	Early communication with CMG's to identify and negotiate clinical input required in future projects. Clinical leaders will share lessons between projects. Identification of funding for clinical leads in the reconfiguration programme budget.	2	4	8	Changing organisational culture to ensure strategy, reconfiguration and transformation is part of "day job". Each project assigned clinical SRO to ensure appropriate clinical involvement throughout lifetime of project. Clinical / operational issues escalated from Reconfiguration Programme Board to ESB for resolution when required. Deputy Medical Director dedicated to Reconfiguration to resolve complex clinical issues. Backfill budget identified.	1	3	3	TRUST - Nicky Tooham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
21	Business Case	Reconfiguration	CMG's used reconfiguration programme to deal with operational capacity issues which cause scope creep.	Lack of CMG understanding of scope and capital budget for the programme leads to wider, un-costed expectations of operational chanae	If the scope of the Reconfiguration Programme increases because CMGs try to use Reconfiguration to deal with operational capacity issues, it will cause an increase in costs and overspend of budget. Pressure on prosramme budget. Pressure on CRL.	Reconfiguration governance process i.e. Reconfiguration Programme Board considers requests for new projects to be managed as part of the Reconfiguration Programme. Robust chanae control process.	3	3	9	Clear communication within organisation that Reconfiguration Programme has a defined scope and is not responsible for addressing operational capacity issues. Associated Interdependencies is a standing item on Reconfiguration Programme Board agenda. Issue reporting to ESB where applicable for resolution.	2	3	6	TRUST - Nicky Tooham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
22	Business Case	Reconfiguration	NHSEI fail to agree to derogations from HBN/HTM	If business cases are not approved due to deviations away from HBNs and HTMs, there will be a delay to the programme, with a subsequent impact on capital cost arising from inflation.	If the PAU are not assured that derogation will create functional space, they will not support the project / Business case and it may not get approved. Pressure on programme budget. Trust does not realise full potential reduction in backlog maintenance in a timely manner.	Inclusion of PAU and NHSEI in discussions about derogations in business case development.	2	3	6	Inclusion of PAU in discussions about derogations in business case development; clinically delivered design to ensure functionality, supported by mock-ups which have clinical support and sign off.	1	3	3	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
23	Construction	Estates	Impact of construction projects on operational functionality	If there are a large number of reconfiguration construction projects taking place at the same time on hospital sites, the Trust may not sustain operational functionality.	Access and operational issues are compromised. Site efficiency and clinical effectiveness are affected.	Close communication and sequencing management between projects to ensure operational functionality is considered; oversight by the Reconfiguration Programme Board. Projects are reviewed in the round instead as individual projects. Dedicated programme, project and site specific resource.	3	4	12	Careful and whole site planning for access and egress. Engagement with clinical teams. Comms strategy for both public and staff. Project chunking to be considered to mitigate risk. Program managed, close stakeholder engagement.	2	4	8	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
24	Construction	Estates	Lack of decant space impacts on programme	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	4	4	16	The overall program is reviewed and progressed with the space planning team, significant decant space identified in the programme (Brandon unit, Mansion House) and planned as a project work stream. Decant space funding identified in overall scheme budget	2	4	8	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
25	Construction	Programme	Overall programme delay caused by an individual project	Delay to a project cause delays subsequent interdependent projects in the reconfiguration programme	Programme delay and additional associated cost	Regular, sustained communication and progress reviews of all projects within wider timespan of programme to ensure time risks are flagged quickly and mitigated against.	3	4	12	Early market engagement to test construction programmes. Programme management. NEC programme management practices, terminal float etc.	2	3	6	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING

26	Equipment	Procurement	Equipment procurement issues	If there is not a clear procurement process with regards to equipment ordering and delivery, the equipment required for go-live may not be available / on-site, tested or commissioned for use.	Delay in facility becoming operational. Delay to service moves. Delay to overall programme	Procurement Lead dedicated to the project	2	4	8	Clear processes and lines of communication between all stake holders. Project Board oversight of all actions, risks escalated throush governance structure as required	1	4	4	**TRUST - David Streets**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
27	Operational Commissioning	Workforce and OD	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from doffing and donning, operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Clinical areas are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link with CMGs clinical input to create and implement mitigating strategies.	4	4	16	Ensure revised clinical practices which were implemented during the COVID pandemic are embedded in the design process by updating the Standard Operating Procedures to incorporate new ways of working	3	3	9	**TRUST - Hazel Wyton**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
28	Operational Commissioning	Workforce & OD	Lack of organisational development resources	If there is a lack of organisational development resources to support the management teams, the workforce changes required for successful transition in to the new models of care won't be achieved.	Inability to deliver key service transformation required as defined in the new models of care as part of Reconfiguration Programme projects. Inability to realise all the benefits associated with reconfiguration projects.	Organisational Development resource is budgeted within the capital budget to ensure availability when required. Use of leadership development programmes encouraged and use of "UHL Way" (implementation toolkit) methodology. Use of Lessons Learnt from the Emergency Floor and Vascular projects within project plans.	2	4	8	Adequate OD resource assigned early in project plan; resource identified and funded through 'Programme'. Executive Senior Responsible Owner's assigned to individual projects will hold accountability for delivery of models of care and transition. Post Project Evaluation will ensure lessons learnt from individual projects are considered within future projects, engagement and bench marking with other comparable Trust's to take account of their experience.	1	4	4	**TRUST - Hazel Wyton**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
29	IT	Budget	Insuffient capital investment available or ability to prioritise estate footprint to bring IT data centres to the required standard and scale to support the new and refurbished estate.	Existing IT data centre rooms on site (on the retained estate) are not fit for purpose and require investment to modernise and ensure robust, reliable & scaleable services are able to be provisioned in support of new and refurbished estate. If insufficient CDEL or reconfiguration funds can be found the IT infrastructure required to support the requirements of the programme will not be available.	Inability to address the drivers to deliver the ehospital programme and improve existing IT infrastructure, may result in a failure to provide optimised digital services Failure to provide optimised and reliable digital services, realise projected savings and transformational change. Failure to meet digital standards expected by the programme and by NHSE/I and NHSX.	Trust CDEL & IM&T capital programme prioritised based on risk. Data centre strategy is in place, execution of which will reduce dependency on existing rooms (thus reducing risk somewhat) but does not eliminate this risk to the programme. Requirements fo	3	4	12	IT requirements clearly articulated and priced in the business cases. Change control in place to manage any changes to requirements during the project life cycle. Infrastructure changes and IT infrastructure footprint to be assessed and options / costs provided as part of the business case development. IT colleagues integrated with Reconfiguration Team to fully support process. Ensure reconfiguration programme input and mitigation of data centre risks is included in design of IT infrastructure to support new build projects	2	4	8	**TRUST - Andy Carruthers**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
30	IT	Budget	Total costs for IT works not available for submission at FBC approval stage	Assumption of predicted IT costs for equipment and service provision. Accurate costs can only be assigned at design phase and may vary as technology changes occur between design and implementation phases.	Higher than anticipated IT costs for equipment, infrastructure and services which result in changes to design or impact to contingency control	Continuous communication between Reconfiguration, Estates & Facilities and IT colleagues with regards to programme and progress . Clear vision and objectives to be defined to support this process.	3	4	12	Ensure clear processes available for both Estates and Reconfiguration PM's to enable the timely compilation of IT PID's for each Project. IM&T costs to be transparent throughout each project in relation to resources and equipment spend. Contingency to allow for technology changes over project lifecycle.	2	4	8	**TRUST - Andy Carruthers**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
31	IT	Scope	Mandated digital objectives increase the IT scope required without corresponding funding being available	NHSX digital blueprint mandates a set of digital objectives that are not able to be funded from the £450m IT provision is included in the overall funding total as part of IT & equipment budget)	Reputational damage, the programme unable to deliver on mandated digital objectives, inability to take advantage of cost saving measures and enable new ways of working for estates & facilities (through smart buildings concepts), patients and staff.	Early engagement with NHSX and NHSD to understand & influence policy is in progress and advice from external technology advisory service underway to assist with scope and budget optimisation	3	4	12	Engagement with NHS and other agencies to understand and influence process. Creation of gap analysis once requirements are better understood and ability to identify additional funding requirements to be articulated as appropriate	1	4	8	**TRUST - Andy Carruthers**	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
32	general	reconfiguration	The Trust fails to "future proof" the scheme to either meet future demands or to take advantage of new technologies and advances in care and treatment	failure to embed within the scheme future proofing methodologies and infrastructurethat will act to enable future evolving technologies and advancements in care and treatment	the new facilities quickly become out dated and unfit for purpose without major / further re-investment	regular discussion within the team to ensure that latest developments and best practice design (for future proofing) are incorporated as standard	2	5	10	ensure that the design development process incorporates appropriate levels of future proofing within the boundaries of budgetary constraints	1	4	4	TRUST - Nigel Bond	TBA	TBA	19/10/2020	15/10/2020	monitor	OPEN	ONGOING