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Date: 3rd September 2020

Paper B

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)	21/08/20	Reconfiguration Programme Board Support
Executive Board	01/09/20	ESB Discussion
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, including:

- Pre Consultation Business Case (PCBC) Assurance Panel and Consultation
- Health Infrastructure Plan (HIP1) Collaboration
- East Midlands Congenital Heart Centre (EMCHC) Project Update
- Intensive Care Unit (ICU) Project Update

Questions

1. What progress has been made in the approval process of the PCBC?
2. How are UHL linking in with the other HIP 1 schemes?
3. What progress has been in the delivery of the EMCHC project?
4. What progress has been made in the delivery of the ICU Project?

Conclusion

1. Pre Consultation Business Case (PCBC) Assurance Panel and Consultation

1. At time of drafting this report, we are informed that the PCBC has now been circulated by Simon Stevens – CEO NHS office to the NHSE/I Committees in Common for final approval. Simon Stephens has been advised of the need to receive the outcome by the 31st August in order to hit the deadline for circulation to the CCG Public Board.
2. We are still planning for the start of the public consultation on the 28th September subject to above approval being granted by the end of August.
3. We have received the final version of the ‘fly-through’ animations for the LRI and GH new builds from the architects BDP, these will used as part of the consultation exercise to help provide the public with a more interactive experience of proposed hospital buildings.

2. Health Infrastructure Plan (HIP) Collaboration

4. The Health Infrastructure Plan (HIP) is the government’s long-term, rolling 5-year programme of investment in health infrastructure, including capital to build new hospitals. UHL is one of six Trusts across the country that has been allocated capital to build new hospitals in this first phase – HIP 1.
5. In the spirit of learning and sharing a HIP 1 collaboration programme has been established by the National Estates Team, with membership from all the HIP 1 programmes and NHS England / Improvement (NHSE/I) and the Department of Health and Social Care (DHSC).
6. The second HIP 1 collaboration meeting was held on the 13th August, attended by the National Estates Team, Directors from all the HIP 1 programmes and key leaders from NHSE/I and DHSC. The forum is proving to be very constructive; with relationships being developed between peers in order to share learning and approaches.
7. The focus of the session was again concentrating on the Digital and Sustainability agendas.

3. East Midlands Congenital Heart Centre (EMCHC) Project Update

8. This update outlines the progress and governance processes in place for the move of the East Midlands Congenital Heart Centre (EMCHC) from the Glenfield Hospital to the Leicester Royal Infirmary site. The move constitutes phase I of the Children’s Hospital reconfiguration project and ensures that EMCHC are able to meet the NHSE Standards for co-located

Children's Heart services. The move also provides dedicated theatres for achieving the activity levels, also linked to the Standards.

9. The project has a robust governance structure in place with a dedicated Project Manager responsible for the operational delivery of the Project and clear lines of escalation for issues which may affect the delivery of the project. Figure 1 in the full report shows the governance structure.
10. The project has a live risk register which is discussed and approved at each Children's Project Board meeting. The top three risks are detailed in the main report and are being mitigated as far as possible.
11. The risk to raising the charitable funds for the project has been mitigated through a re-launched appeal which is attracting new donations. A new video is available on the charitable funds website.
12. The go-live date for the project has been agreed by the Project Board as the 9-12 April 2021. The original date for the move was December 2020. The delay to the project has been due to the impact of Covid 19 on the supply chain, resulting in an impact on Construction timelines. The financial impact of the delay has been identified within the original financial contingencies agreed in the Full Business Case; however this expenditure does put pressure on an already challenging contingency budget.
13. Whilst there has been a delay to the programme due to Covid, the project will be delivered within the revised timescales. There is good engagement from all staff groups in the project scope with all staff groups being communicated with regularly.

4. Intensive Care Unit (ICU) Project Update

14. The level 3 ICU and associated services re-location to the Glenfield Hospital site construction element of the scheme is nearing completion. The new wards and ICU extension are due to be fully completed and handed over at the beginning of September, which marks a major milestone in the project.
15. Monthly Clinical Management Group (CMG) Operational Delivery Groups (ODGs) have been established. These groups will lead the operationalisation of the moves. The ODGs are ensuring the Standard Operating Procedures within their CMG are revised and updated to reflect current operating practices following the COVID 19 experience. Work has also commenced within the ODGs to review and develop the CMG risk registers.

16. The Communications team is providing ongoing support to prepare for the Management of Change process, including development of a video for the Listening in to Action (LiA) events.
17. The theatre timetable will be finalised for the post-move theatre schedules during the next 4 weeks. This will inform the clinician job planning process. Discussions are taking place with the specialities, but no issues have been highlighted.
18. Over the coming months the focus of the project will now be on the individual service areas as they plan for their moves next year, this work is being coordinated the Cross-Site Assurance and Strategic Transition Group meeting.

Input Sought

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:

1. Quality priorities

Safe, surgery and procedures	[Not applicable]
Safely and timely discharge	[Not applicable]
Improved Cancer pathways	[Not applicable]
Streamlined emergency care	[Not applicable]
Better care pathways	[Not applicable]
Ward accreditation	[Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Not applicable]
More embedded research	[Not applicable]
Better corporate services	[Yes]
Quality strategy development	[Not applicable]

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

- What was the outcome of your Equality Impact Assessment? 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

Risk and Assurance

Risk Reference:

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

4. Scheduled date for the **next paper** on this topic: 1st October 2020
5. Executive Summaries should not exceed **5 sides** My paper does not comply

UHL Reconfiguration Programme – Full Report

This report provides a summary and overview of the current programme status, and is a reflection of recent discussions at the Reconfiguration Programme Board and Executive Strategy Board (ESB).

1. Pre Consultation Business Case (PCBC) Assurance Panel and Consultation

1. At time of drafting this report, we are informed that the PCBC has now been circulated by Simon Stevens – CEO NHS office to the NHSE/I Committees in Common for final approval. Simon Stephens has been advised of the need to receive the outcome by the 31st August in order to hit the deadline for circulation to the CCG Public Board.
2. We are still planning for the start of the public consultation on the 28th September subject to above approval being granted by the end of August.
3. We have received the final version of the ‘fly-through’ animations for the LRI and GH new builds from the architects BDP, these will be used as part of the consultation exercise to help provide the public with a more interactive experience of proposed hospital buildings.

2. Health Infrastructure Plan (HIP) Collaboration

4. The Health Infrastructure Plan (HIP) is the government’s long-term, rolling 5-year programme of investment in health infrastructure, including capital to build new hospitals. UHL is one of six Trusts across the country that has been allocated capital to build new hospitals in this first phase – HIP 1.
5. In the spirit of learning and sharing, a HIP 1 collaboration programme has been established by the National Estates Team, with membership from all the HIP 1 programmes and NHS England / Improvement (NHSE/I) and the Department of Health and Social Care (DHSC).
6. The second HIP 1 collaboration meeting was held on the 13th August, attended by the National Estates Team, Directors from all the HIP 1 programmes and key leaders from NHSE/I and DHSC. The forum is proving to be very constructive; with relationships being developed between peers in order to share learning and approaches.
7. The focus of the session was again concentrating on the Digital and Sustainability agendas.
8. Over the past month, Atos, who are working with NHSX, have met with all the HIP 1 schemes to assess their digital aspirations. The outcome was presented to the meeting, along with some international exemplars of digital hospitals. This is being defined as new patient pathways (supporting care in the most appropriate environment), hospital footprint and

fabric. There is a commitment to work with the HIP programme to collectively articulate a digitally enabled hospital.

- 9. Sustainability is clearly going to be mandated. The expected brief has been shared with us, which includes the need to ensure new buildings are carbon neutral. Since our design assumptions are at a high level, we need to employ expert advisors to work with us to determine how this can be delivered, and at what cost. It is recognised that this requirement will impact on capital, so further discussions are required on the extent of delivery.

3. East Midlands Congenital Heart Centre (EMCHC) Project Update

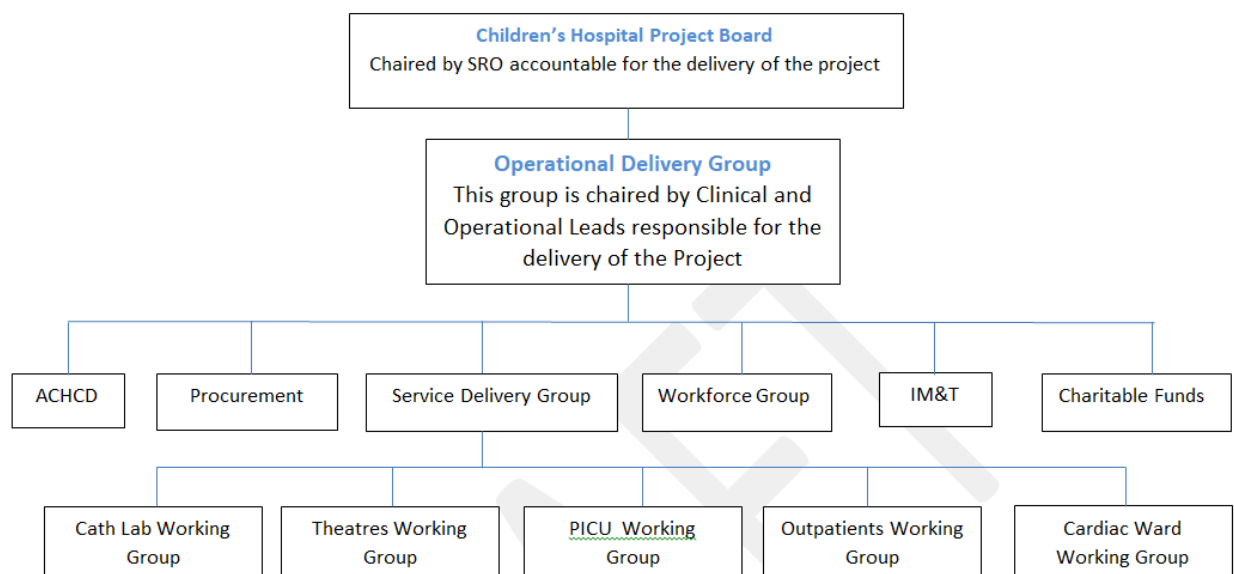
- 10. This update outlines the progress and governance processes in place for the move of the East Midlands Congenital Heart Centre (EMCHC) from the Glenfield Hospital to the Leicester Royal Infirmary site. The move constitutes phase I of the Children’s Hospital reconfiguration project and ensures that EMCHC are able to meet the NHSE Standards for co-located Children’s Heart services. The move also provides dedicated theatres for achieving the activity levels, also linked to the Standards.

- 11. The move of EMCHC services is aligned to the overall Trust reconfiguration strategy and is a key enabler for the ICU project.

Governance

- 12. The project has a robust governance structure in place with a dedicated Project Manager responsible for the operational delivery of the Project and clear lines of escalation for issues which may affect the delivery of the project.

Fig 1. – Governance Structure



13. Each working group has representation from clinical and operational staff who are developing a set of actions which are tracked and RAG rated for successful delivery of the project.
14. The Operational Delivery Group reports into the Children's Project Board highlighting achievements in the period and outlining the actions for the upcoming month.
15. The project has a live risk register which is discussed and approved at each Children's Project Board meeting.
16. The current top 3 risks are as follows:
 - There is a risk that inadequate space for offices (EMCHC and enabling) is found in close enough proximity to the clinical areas
 - Trust may fail to acquire appropriately skilled staff to work in the new facility
 - There is a risk that the charitable funds will not raise the required money for the project due to fund raising being diverted to Covid 19.
17. Also to be noted is that there is a potential risk to the delivery of the project related to the recent Covid 19 crisis and the effect that future Covid surges may have on the construction programme.
18. The top 3 risks to the project are being mitigated, as far as possible, with extensive work ongoing to identify EMCHC office space, working with the Programme Management Office and the Trust Space Group to ensure that adequate space is found.
19. As part of the project, a social media campaign is in development to raise the awareness of EMCHC through workforce plan opportunities. A virtual open day is planned as part of the recruitment strategy. Whilst it is not possible to entirely mitigate the risk of failing to recruit the appropriately skilled staff, alternative plans are in development to minimise the impact of this risk.
20. The risk to raising the charitable funds for the project has been mitigated through a re-launched appeal which is attracting new donations. A new video is available on the charitable funds website.

Construction Programme

21. The go-live date for the project has been agreed by the Project Board as the 9-12 April 2021. The original date for the move was December 2020. The delay to the project has been due to the impact of Covid 19 on supply chain, resulting in an impact on Construction timelines. The financial impact of the delay has been identified within the original financial contingencies

agreed in the Full Business Case, however this expenditure does put pressure on an already challenging contingency budget.

22. The revised timelines are as follows:

- Paediatric Intensive Care Unit (PICU) work commenced in August 2020
- Cardiac Ward pre-start meetings commenced in August 2020
- Outpatient Department work is out to tender and will start in Early November 2020
- New Cath Lab will be installed 1st February 2021
- New Build handover mid November 2020

23. The new build in Kensington levels 2 and 5 was dependent on a number of enabling moves:

- Re-location of Early Pregnancy assessment unit to Ward 8
- Gynaecology outpatient move to Jarvis Building
- Gynaecology Hysteroscopy and Colposcopy move to the LGH site

24. These moves have been completed within original timescales.

Fig 2. New Build Progress



Work continues
On programme for the
revised go-live date of 9th
April 2021
|



Charitable Funds

25. The charitable funds appeal was also affected by the Covid 19 crisis. This is now back on track with pledged donations amounting to just over £5m.

26. The Charitable Funds team are continuing to work with Heart Link and Keep the Beat with engagement from patients and carers into the design for ward and outpatient areas.

Conclusion

27. In conclusion, whilst there has been a delay to the programme due to Covid, the project will be delivered within the revised timescales. There is good engagement from all staff groups in the project scope with all staff groups being communicated with regularly.

28. The project is being managed closely with clear escalation channels for risk to delivery.

4. Intensive Care Unit (ICU) Project Update

29. This update is to provide the Trust Board with progress, next steps, key issues and any risks on the level 3 ICU and associated services re-location to the Glenfield Hospital site.

Construction Progress

30. **Interventional Radiology** – the space was handed over on 26th June as planned. The new area has now been mothballed until the service is ready to move, as agreed at the July ICU Programme Implementation Board.

31. **Glenfield new wards** – the handover from the construction company was due to take place on the 26th June, however this didn't happen on the basis of there being excessive snags. All the commissioning work has been undertaken and the de-snagging is now virtually complete. Internal pre-handover approvals have been successfully completed with only minor issues being raised. A fire-shutter is required before the wards can be occupied, the delivery of which was delayed until the week of the 24th August because of the manufacturer had closing down. The plan is now to formally accept the wards on behalf of Trust on the 4th September.

32. **ICU Extension** – Bay B of the new extension is now occupied as per the revised plan on 3rd August and no major issues have been reported since it has been occupied. The external works are nearing completion, the hoarding has now been removed and the road markings have been completed. The planned contract completion is the 4th September.

Clinical Management Group (CMG) Delivery Groups

33. Monthly CMG Operational Delivery Groups (ODGs) have been established. These groups will lead the operationalisation of the moves. The ODGs are ensuring the Standard Operating Procedures within their CMG are revised and updated to reflect current operating practices following the COVID 19 experience. Work has also commenced within the ODG's to review and develop the CMG risk registers.

Communications

34. The Communications team is providing ongoing support to prepare for the Management of Change process, including development of a video for the Listening in to Action (LiA) events. The following actions are being progressed:

- ICU INsite pages undergoing a refresh via the project team with support from comms.
- News re: Glenfield extension completion was shared with staff and via social media w/c 3rd August.
- Building Caring at its Best newsletter - regular distribution due to get underway again from September
- Communications Officer to support the reconfiguration programme has been appointed and due to start in post mid-September.

Theatres

35. A project manager has been appointed and is now in post to manage the move of day cases within the project. The Day-Case Project Manager is working to determine day-case equipment requirements and costings.
36. The theatre timetable will be finalised for the post-move theatre schedules during the next 4 weeks. This will inform the clinician job planning process. Discussions are taking place with the specialities, but no issues have been highlighted.

Next Steps

37. The following activities are planned for September 2020 :
- The Cross-Site Assurance and Strategic Transition Group meeting.
 - Ongoing work with CMG's to develop the Strategic Transition Plan.
 - CMG Task and Finish groups are meeting and working towards the project programme.
 - Proposed actions to be determined following closure of the Travel Survey.
 - Development of the CMG Risk Registers.
 - Finalise Standard Operating Procedures as a consequence of Star-Chamber and/or COVID.

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.