07 JANUARY 2021

ICU Interim reconfiguration project

Author: Louise Graham – Project Manager Sponsor: Debra Mitchell

Paper D2

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 Programme Cmte	22.12.20	Assurance
Executive Board – ESB	05.01.2021	Assurance
Trust Board Committee		
Trust Board		

Executive Summary

The ICU Interim Reconfiguration Programme is on track for completion in July 2021 with work ongoing to prepare for a successful transition across sites. However, there is a potential delay of 6 weeks which was raised at the Interim Reconfiguration Oversight Committee (IROC) meeting on December 18 2020. This is currently being worked through in terms of clinical and financial impact and a detailed update will be provided at the next meeting.

All construction work is now completed. All areas are now occupied, although most as temporary occupation.

The engagement exercise with staff affected by the service moves has been completed and all staff will be informed of their new working arrangements by the end of January 2021.

Risks

The risk register is reviewed at the monthly ODGs and at IROC. Whilst not all the risks are identified in this paper, some of the risks identified are as follows:

- A possible delay to completion of the project following escalation of a delay to Interventional Radiology room builds and the associated impacts.
- Inability to successfully recruit to the workforce plan to support the service moves.

- Lack of identified Deteriorating Adult Response Team (DART) support at LGH. Work is ongoing with ITAPS and the Emergency and the Specialist Medicine CMG to resolve this.
- Reduced ability of CMGs to participate in the work required during the winter and Covid pressures which could affect the speed of progress.

Risks are currently being considered and assurance has been given that where possible actions are being taken to ensure mitigation in readiness for the transition. Risks are reported at the monthly IROC meetings and escalated to the Trust Board as necessary and agreed.

Finance

Forecast outturn for the ICU programme is £31.123m against a budget of £32.010m, revised from the Full Business Case budget of £30.8m to include backlog and Covid-19 funding totalling £1.211m. This gives us a current projected underspend of £888k, but this includes Risk Allowance overspent by £60k and Optimism Bias of £599k. Negotiations continue for the final account on Glenfield Wards and are now in their final stages.

Structure/Governance

There are 4 Clinical Management Groups (CMG) directly affected by the interim reconfiguration project, CHUGGS, CSI, ITAPS and RRCV. Each CMG has an operational delivery group meeting (ODG) held monthly whose responsibility it is to develop, implement and own the detailed plans which will deliver the effective commissioning and operationalisation of the project. This also includes managing interdependencies between services.

Representatives of the ODGs attend the Cross-Site Assurance and Strategic Transition Group reporting their progress, issues and risks and give assurance that the interdependencies are being managed appropriately.

The ODGs report directly to IROC and oversee the implementation and delivery of the ICU Programme in line with the Business Case.

IROC provides assurance to the Trust Board that the ICU Programme is delivering to time, cost, quality and scope, and escalates issues for executive resolution as necessary.

Beneath the ODG are a series of Task and Finish groups which are the active working groups identifying new patient pathways to ensure patient safety during the moves and when they arrive in their new area. It is their responsibility to work across groups and CMGs, working together for successful and safe delivery of the relocation. The groups are clinically led, supported by managers, administration staff and project managers.
The project team are working closely with the Daycase project team to ensure all work is aligned and therefore not duplicated or missed. The two teams will share the project plan.

Construction Update

New buildings include an Intensive Care Unit extension, 3 new wards and an Interventional Radiology department on the Glenfield Hospital site. These new wards and departments have been designed in conjunction with the clinical teams who will be working in them.

All GH schemes are now handed over. Glenfield Wards and Glenfield ICU are clinically occupied, with Interventional Radiology now mothballed. For Glenfield Wards, there are a handful of relatively minor snags which are outstanding and a final account which is in negotiation, with the other schemes being contractually complete.

Three wards and a surgical triage area at the Leicester Royal Infirmary have undergone extensive refurbishment and provide a much enhanced environment for patients and staff.

Interventional radiology recovery area designed to adhere to single sex accommodation requirements.

New Hepatobiliary ward at GH currently occupied by patients with respiratory problems

New Renal transplant ward at Glenfield Hospital

Adult Intensive Care Unit extension Glenfield Hospital designed by the clinical teams to provide an improved working environment and to enhance the patient experience.

Communicating the Progress of the Project within UHL

Staff communication and engagement continues through the Task & Finish groups and monthly Project Champion groups. Project Champion group meetings are multi-disciplinary and held on each site with staff representatives from affected clinical and non-clinical areas. These staff are from Bandings 2-6 to ensure staff on the floor have an opportunity to keep up to date, bring along ideas and feedback from colleagues and contribute to regular newsletters. It was considered that staff at higher bands are usually more informed and therefore this gave an opportunity to deliver and receive information from the lower bands upwards. Each Champion is encouraged to set up a communications board or folder for staff to access.

The project team have engaged with many internal stakeholders for input into design, patient and carer requirements and service delivery. Meetings have also been held with leads in most departments in the Trust that may or may not be affected by the moves, to ensure they know what is happening, how they may be affected and to ensure they have sufficient time to prepare for the July moves. The project team will continue to meet with them as the project progresses and in accordance with the project plan.

HR/OD update

Ongoing recruitment campaigns are being put in place to attract staff to work in the affected clinical areas which are often difficult to recruit to. Eg. Theatres have a national shortage of appropriately trained and experienced staff. Work is ongoing to provide workplaces that appeal to staff and create a positive working environment.

There is an updated Flexible Working Policy which is being launched throughout the Trust and all managers are now able to actively promote flexible working options, helping staff to manage their work/life balance. We anticipate this will support the recruitment process.

Work is ongoing between the Organisational Development lead, managers and clinical leads to support the development of effective new teams and to enhance working relationships between staff members and teams. This work will also give managers the skills and confidence to get the best out of their new teams and staff groups. An extensive training programme is also being planned to ensure those staff who are moving to a new area or who will be looking after a new patient group receive the appropriate training before the moves.

The staff engagement is progressing with an expectation that all staff will be informed of their new working arrangements by the end of January 2021.

Staff have the opportunity to meet individually with their line manager to raise individual concerns. In addition to this a Frequently Asked Questions document has been developed to support staff through this period of uncertainty.

The project has access to a dedicated Comms lead who is supporting the project team to keep the Interim Reconfiguration Insite page up to date. The team provide monthly updates on this page and input into the Building Better Hospitals newsletter.

The Move

The project team will be working with each area to develop the detailed “move” plan. Work on the move has already been started with support from the Estates department. The moves were planned to commence early July 2020 over a 3 week period but there is an emerging issue with procurement of specialist kit for the ICU that could create a potential delay of up to a month. The details are being worked through and will be reported to the February Trust Board.

In regards to the move there will be a detailed plan for each area including:

- **Transfer of patients** – it is intended to reduce the number of elective operations just before the move so there are not too many patients to move. The patient move will be supported by TASL and EMAS with experienced staff on hand through this time.
- **Transfer of Equipment** – the project team has begun work with the removals company and all equipment identified for transfer will be labelled ready for the move. Patient belongings will be labelled and will travel with the patient.
- **New Equipment** – new equipment will be procured in readiness for the moves and tested by clinical staff prior to the move.

- **Patient Information for the day of the move** – patient information will be developed which will include travel/transport arrangements, cross site parking, helpful information for patients and carers/families.

Every aspect of the move will be planned in detail.

Conclusion

This paper seeks to provide continued assurance to the Trust Board that the move of the services to the Leicester Royal Infirmary Hospital site and the Glenfield Hospital site is progressing as planned. Risks to the project are being mitigated and monitored closely through the governance boards. The project team are endeavouring to minimise any risk regarding the impact of Covid on the project timeline. However, as the pandemic continues the risk of delay remains high and will be reported accordingly.

Input Sought

We would welcome the Trust Board's input regarding:

NOTE the following:

- The current status of the project.

ADVISE whether this report provides the assurance needed on the progress and management of the Programme.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes ~~/No /Not applicable~~]
Safely and timely discharge	[Yes ~~/No /Not applicable~~]
Improved Cancer pathways	[Yes ~~/No /Not applicable~~]
Streamlined emergency care	[Yes ~~/No /Not applicable~~]
Better care pathways	[Yes ~~/No /Not applicable~~]
Ward accreditation	[~~Yes /~~No /~~Not applicable~~]

2. Supporting priorities:

People strategy implementation	[~~Yes /~~No ~~/Not applicable~~]
Estate investment and reconfiguration	[Yes ~~/No /Not applicable~~]
e-Hospital	[~~Yes~~ /No /~~Not applicable~~]
More embedded research	[~~Yes~~ /No /~~Not applicable~~]
Better corporate services	[~~Yes~~ /No /~~Not applicable~~]
Quality strategy development	[~~Yes~~ /No /~~Not applicable~~]

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

- What was the outcome of your Equality Impact Assessment (EIA)?
  - Completed as part of the Business Case

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required.
  - PPI involved at project board

- How did the outcome of the EIA influence your Patient and Public Involvement?
  - Supported approach to involve Patient Partner

- 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 — February 2021
6. Executive Summaries should not exceed **5 sides** — My paper does not comply