

UHL Reconfiguration Update

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Trust Board paper H

Executive Summary

Context

UHL's Reconfiguration Programme is an ambitious and complex undertaking which has been established in order to deliver both the broader system priorities within the STP and the Trust's strategic direction and clinical strategy. It is important that the Trust Board has visibility of progress in delivering the Reconfiguration Programme; and are able to provide appropriate challenge to ensure there is sufficient assurance associated with activities undertaken to achieve the desired future state.

Questions

1. What progress has been made in delivering the Reconfiguration since the last Trust Board?

Conclusion

The following progress has been made:

Reconfiguration Programme Funding & Pre Consultation Business Case Approvals Programme

1. Our STP Capital Bid for £367m was submitted along with the LLR STP Estates Strategy on the 16th July 2018 for consideration in the Wave 4 national capital funding round. There have not been any further developments on the availability of national capital since the Wave 4 allocations were announced in December 2018, and we are unlikely to hear in the new future.
2. On 20th March, we received a letter confirming support of our Pre Consultation Business Case from the Regional NHSI Panel, which concludes this stage of the process. We await direction from NHSI colleagues about the next stage in the approval process and will then agree a revised timetable, which will be shared with the Trust Board in due course.
3. In the mean while work is underway to assess the impact that this delay has on the sustainability of our clinical services. The Trust Board will consider this at the Trust Board Thinking Day on the 13th June and an update will be provided at a future meeting.

Progress of the Interim ICU and Associated Clinical Services Scheme

4. The interim Intensive Care Unit (ICU) consolidation and associated services scheme is progressing to plan. Construction work is underway at both the LRI and Glenfield, with the refurbishment of wards 15 and 16 at the LRI due to complete over the summer. At Glenfield the construction work is more obvious; with hoardings at the front entrance where the new ICU extension is being built, and at the rear where a lift shaft and staircase is being constructed in preparation for the 4 new wards. This construction is due to complete in early 2020.

EMCHC Update

5. Plans continue to be developed for the EMCHC project to transfer the children's heart service from Glenfield Hospital to the Royal Infirmary in order to align with NHS England standards. The detailed design is nearly complete and the cost plan is being developed for inclusion with the Business Case, which will be presented to Finance & Investment Committee (FIC) in July and signed off by the Trust Board in August '19.

Travel Plan

6. The UHL estates team have commissioned a company 'Curtins', to undertake a travel plan for UHL. The primary purpose of a travel plan is to enable the Trust to agree a strategy for minimising the impact of travel associated with the move of Trust activity between sites. The first draft report is currently being reviewed, and a stakeholder steering group will be established to assess the recommendations and develop a UHL Travel Strategy. Progress will be reported in the next Reconfiguration update.

Patient and Public Involvement (PPI)

7. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; in each update we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
8. The Reconfiguration team has continued to participate in the programme of public engagement coordinated by Better Care Together. Within the last few months Reconfiguration team members have manned briefing stalls in public venues in Coalville and Shepshed, have presented to the Leicester City PPG Network and Maternity Voices Partnership and are continuing to develop engagement strategies with colleagues across LLR.

Programme Risk Register

9. The latest Reconfiguration Programme risk register remains current from the latest board meeting. The highest scoring risks are detailed at the end of this report.

Input Sought

The Trust Board is requested to:

- **Note** the progress within the Reconfiguration Programme and the planned work over the coming months.

For Reference

1.The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes]
- Effective, integrated emergency care [Yes]
- Consistently meeting national access standards [Yes]
- Integrated care in partnership with others [Not applicable]
- Enhanced delivery in research, innovation & ed' [Yes]
- A caring, professional, engaged workforce [Yes]
- Clinically sustainable services with excellent facilities [Yes]
- Financially sustainable NHS organisation [Yes]
- Enabled by excellent IM&T [Yes]

2.This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3.Related **Patient and Public Involvement** actions taken, or to be taken: [Described in the report]

4.Results of any **Equality Impact Assessment**, relating to this matter: [A full EIA is being completed as part of the Pre-Consultation Business Case]

5.Scheduled date for the **next paper** on this topic: [03/10/19]

6.Executive Summaries should not exceed **4 sides** [My paper does comply]

7.Papers should not exceed **7 sides.** [My paper does not comply]

Section 1: Reconfiguration Programme Board Update

Reconfiguration Programme Funding and Pre Consultation Business Case (PCBC) Approvals

6. Our STP Capital Bid for £367m was submitted along with the LLR STP Estates Strategy on the 16th July 2018 for consideration in the Wave 4 national capital funding round. There have not been any further developments on the availability of national capital since the Wave 4 allocations were announced in December 2018, and we are unlikely to hear in the new future.
7. On 20th March, we received a letter confirming support of our Pre Consultation Business Case from the Regional NHSI Panel, which concludes this stage of the process. In order to proceed to the national approval process, a letter is required from NHS Improvement confirming that the capital funding is being made available to deliver the proposals.
8. As a result of their national merger, NHS Improvement and NHS England are still in the process of putting together the new structure that will review business cases and the associated resources required to deliver them. Once this is agreed we will take direction from NHSI/E colleagues about the next stage in the approval process and agree a revised timetable, which will be shared with the Trust Board in due course.
9. In the mean while work is underway to assess the impact that this delay has on the sustainability of our clinical services. The Trust Board will consider this at the Trust Board Thinking Day on the 13th June and an update will be provided at a future meeting.

Progress of the Interim ICU and Associated Clinical Services Scheme

10. The interim Intensive Care Unit (ICU) consolidation and associated services scheme is progressing to plan. This scheme transfers Level 3 intensive care beds from the Leicester General Hospital to Glenfield Hospital. It also moves dependent specialist surgical services to Glenfield and consolidates general surgery at the Royal Infirmary.
11. Construction work is underway at both the LRI and Glenfield, with the refurbishment of wards 15 and 16 at the LRI due to complete over the summer. At Glenfield the construction work is more obvious; with hoardings at the front entrance where the new ICU extension is being built, and at the rear where a lift shaft and staircase is being constructed in preparation for the 4 new wards. This construction is due to complete in early 2020.
12. Work continues to minimise the impacts of the access changes at the front of the hospital; blue badge spaces had been converted to drop off spaces and additional blue badge spaces have now been created opposite the bus stop to mitigate this reduction.

13. There are four Delivery Groups that have been established to manage both the construction and service changes required on each of the three sites, with the fourth Delivery Group focused specifically on Theatres. Due to the size and complexity of the required changes, multiple Task and Finish groups have been set up under the delivery groups to develop the detailed models of care, pathways and standard operating procedures for each specialty. This governance structure provides assurance to the ICU Programme Implementation Board and escalation of key issues and risks to the Reconfiguration Board as required.

EMCHC Update

14. Plans continue to be developed for the EMCHC project to transfer the children's heart service from Glenfield Hospital to the Royal Infirmary in order to align with NHS England standards. The team are working closely with the architects and the planning department at Leicester City Council to progress the vision for this landmark development next to the Kensington Building on the Royal Infirmary site.
15. The detailed design is nearly complete and the cost plan is being developed for inclusion with the business case. The full business case will be presented to Finance Investment Committee (FIC) in July and signed off by the Trust Board in August.
16. In the meantime, an archaeological dig (a requirement of the planning application) is scheduled to begin in June on the site of the new build.
17. The 'Critical Friend Review' has been commissioned for the 18th to 20th June; this will provide advice and guidance to the Senior Responsible Owner for the project on specific areas to ensure successful project delivery. The outcome of this exercise will be included in the business case.

Travel Plan

18. As previously reported; The UHL estates team have commissioned a company 'Curtins', to undertake a travel plan for UHL. The primary purpose of a travel plan is to enable the Trust to agree a strategy for minimising the impact of travel associated with Trust activity. The travel plan is intended to benefit patients, visitors and staff by making it easier for them to leave the car at home. Recognising the continued need for some site users to travel by car, the plan will also address the provision of appropriate and sufficient parking for those who need it. The existence of a travel plan is a prerequisite of planning applications and is used by Highways and the local authority travel planners to assess the likely impact of our proposals on the local infrastructure.
19. Curtins have submitted their first draft report for review and amendment by the estates team; once this has been finalised UHL will form a steering group made up of different stakeholders to assess the recommendations of the Travel Plan and to decide which measures will be incorporated into a UHL Travel Strategy. An update on the progress of

this work is presented to the Reconfiguration Board on a monthly basis and will be reported in the next quarterly update to the Trust Board.

Patient and Public Involvement (PPI)

20. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; each month we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
21. The Reconfiguration team has continued to participate in the programme of public engagement coordinated by Better Care Together. Within the last few months Reconfiguration team members have manned briefing stalls in public venues in Coalville and Shepshed, have presented to the Leicester City PPG Network and Maternity Voices Partnership and are continuing to develop engagement strategies with colleagues across LLR.
22. We are also working with UHL's PPI team to both ensure Patient Partner representation throughout the EMCMC co-location project and ICU Programme and map our wider stakeholder matrix through a PPI lens.

Section 2: Programme Risks

23. Each month, we report in this paper on risks which satisfy the following criteria:
- New risks rated 16 or above
 - Existing risks which have increased to a rating of 16 or above
 - Any risks which have become issues
 - Any risks/issues which require escalation and discussion
24. The latest Reconfiguration Programme risk register remains current from the latest board meeting. The highest scoring risks are detailed below:

Risk	Current RAG	Mitigation
There is a risk that delay(s) to the external approvals process (for the PCBC / capital bid) will delay business case development timescales, which impacts the length of the Reconfiguration programme	20	The external approvals timescale has been acknowledged and considered in the development of the programme. The Trust will continue to review and develop projects whilst their OBC's are being approved.

Risk	Current RAG	Mitigation
There is a risk that the scale of transformation required is not delivered resulting in a failure to operate out of the capacity provided within the Reconfiguration Programme.	16	Efficiency programmes have been further developed by the CMGs and therefore there is a confidence in delivery.
There is a risk that the back office, training and R&D budget allocations identified in the DCP are insufficient to re-provide all affected services.	16	Scoping Brandon Unit to assess refurbishment requirements and identifying other office options. Identifying number of staff to be displaced. Trust wide 'Agile Working' policy and approach being drafted to drive new ways of working including IT equipment and hot-desking.
There is a risk that the solutions to enable required decant of construction space either not identified in a timely manner or not available at all.	16	The overall program is reviewed and progressed with the space planning team, significant decant space identified in DCP (Brandon Unit, Mansion House) and planned as a project work stream. Decant space to be funded as part of DCP overall costs.
There is a risk of the impact on business continuity due to the condition of the estate at the LGH	20	Undertaking 'State of the Nation' review of estate condition/backlog works and exploring alternative opportunities for funding
There is a risk that changes in other parts of the system such as Primary Care and Social Care create greater competition for limited workforce supply such as healthcare assistants and advanced clinical practitioners.	16	Develop LLR wide process including; Strategic Workforce Planning, OD, training and education and staff mobility. Ensure alignment with strategic and operational planning through Reconfiguration Programme and alignment with business as usual.

Input Sought

The Trust Board is requested to:

- **Note** the progress within the Reconfiguration Programme and the planned work over the coming months.