

UHL Reconfiguration Update

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Trust Board paper G

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 STP, since the assumptions on transformation in the STP underpin the Reconfiguration Programme. The Trust Board therefore need to be 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

1. Our STP Capital Bid for £367m was submitted along with the LLR STP Estates Strategy on the 16th July for consideration in the Wave 4 national capital funding round. We have recently been informed that there is not sufficient money available to fund this large bid at this stage.
2. National NHS colleagues have been very clear that our bid has made good progress and that they wish it to continue to do so, such that it is in the best position it can be to get further funding when new money becomes available. This is likely to be later this year or early in 2020.

PCBC Approvals Programme

3. The approval process for the Pre Consultation Business Case (PCBC) is progressing to a revised plan which is shown in the main report. As updated in the last few months, we were requested to provide additional performance trajectories. These have now been submitted with the PCBC Supplementary Information to the regional panel on the 15th February. Once

approved, this will conclude the regional part of the process and the PCBC will be updated in readiness for the next stage which will be the National review.

Progress of the Interim ICU and Associated Clinical Services Scheme

4. Final approval and funding for the £31m interim Intensive Care Unit (ICU) consolidation and associated services scheme has now been received. 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. The key building components and dates when the construction completes within this scheme are detailed in the main body of this report.

EMCHC move to the LRI from GH

5. The development of the design solution and business case is continuing to plan. The Trust Board are scheduled to approve the case in May 2019. The Children's Hospital Project Board, chaired by Mark Wightman (Director of Strategy and Communications and project SRO) agreed that Healthcheck Review 3 (Investment Decision) will be carried out as a part of the Children's Hospital Project Phase I (EMCHC co-location), in advance of submission of the FBC to the Trust Board in order to assure the Finance & Investment Committee and Trust Board that the project will deliver its investment objectives.

Patient and Public Involvement (PPI)

6. 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.
7. Within the last month the Reconfiguration team has conducted an initial stakeholder mapping exercise with dedicated support from UHL's PPI team. Discussion is also underway with Patient Partners and UHL's PPI team to identify PPI representation as part of the newly formed ICU Programme Operational Delivery Groups.

Programme Risk Register

8. 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: [04/04/19]

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

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. We have recently been informed that there is not sufficient money available to fund this large bid at this stage. This was not unexpected as national funds are limited and a substantial amount has recently had to be diverted to complete two major schemes which have been impacted by the collapse of the building contractor Carillion.
7. National NHS colleagues have been very clear that our bid has made good progress and that they wish it to continue to do so, such that it is in the best position it can be to get further funding when new money becomes available. This is likely to be later this year or early in 2020.
8. The UHL Trust Board has also recently reviewed the position and confirmed that the plan remains the best one available to ensure that patients and staff have access to high quality facilities and clinical services that are sustainable over the long term.
9. The UHL Trust Board, at its February Thinking day, considered the impact of this delay with respect to:
 - Affordability: the impact of inflation
 - Clinical sustainability and patient safety
 - The impact of maintaining the LGH in the longer term
10. They requested that further work is undertaken to mitigate the impact of delay; focusing specifically on sustaining clinical services at the LGH for the foreseeable future. They also reviewed the position and confirmed that our reconfiguration plan remains the best plan to ensure that patients and staff have access to high quality facilities and clinical services that are sustainable over the long term. This position was shared with, and accepted by, the STP Senior Leadership Team.

Pre Consultation Business Case (PCBC) Approvals Programme

11. In light of the financial position, the approval process for the Pre Consultation Business Case (PCBC) is progressing to a revised plan which is shown in the timetable below. As updated in the last few months, we were requested to provide additional performance trajectories. These were submitted with the PCBC Supplementary Information to the regional panel on the 15th February. Once approved, this will conclude the regional part of the process and the PCBC will be updated in readiness for the next stage which will be the National review.

12. Discussions are underway with NHS colleagues in order to clarify the next steps and timescales for the approvals process, as indicated in the plan below. The areas highlighted in purple are subject to change in light of the merger between NHSE and NHSI:

Action	Lead	Completion Date
Regional NHSE Assurance Panel	John Adler/ Paul Traynor	10-Oct
Respond to NHSE Regional Feedback	Nicky Topham	06-Nov
Final response to NHSE Regional Feedback	Nicky Topham	15-Feb
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	TBC
Respond to NHSE National Panel Feedback	Nicky Topham	TBC
National NHSE Investment Committee	Paul Watson	TBC
Respond to NHSE Investment Panel Feedback	Nicky Topham	TBC
NHSI Resources Committee	Dale Bywater	TBC
DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

Progress of the Interim ICU and Associated Clinical Services Scheme

13. Final approval and funding for the £31m interim Intensive Care Unit (ICU) consolidation and associated services scheme has now been received. 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. The key building components and dates when the construction completes within this scheme are:

- Expansion of Glenfield ICU – December 2019
- New wards at Glenfield for HPB and renal transplant – February 2020
- New Interventional Radiology Dept. at Glenfield – March 2020
- Refurbished wards at the Royal for emergency general surgery and colorectal surgery (wards 15,16 and 21) – October 2019

14. Part of this scheme will include moving some day case surgery from the Royal and Glenfield to the General.

15. Preliminary works have begun on site and the moves are scheduled to take place in July 2020:

- The construction works commenced on wards 15 and 16 at the LRI on 25th February, with the completion due on the 26th July. The enabling works are underway to ensure this area is fully vacated.
 - Construction on the ICU Extension at GH will commence mid-March (assuming we have received planning permission before this date), the enabling works in the Snoezelen and Mansion House are currently underway and the on-site construction for the GH new wards also commenced on the 25th February.
16. Specific Communication is being developed for patients and staff to show the changes in site access at GH to be in place during the construction of the ICU Extension, which will show the changes in access and traffic flow at the front entrance.
17. The ICU Programme delivery groups and implementation board have all taken place and each of the project managers are in the process of developing their individual work programmes.

EMCHC move to the LRI from GH

18. The development of the design solution and business case is continuing to plan. The Trust Board are scheduled to approve the case in May 2019. Since this project is valued at less than £15m, UHL is permitted to approve the case internally without further reference to regional or national processes.
19. In 2015, the UHL Audit Committee agreed that all projects over £5m should be subject to a Healthcheck (Gateway) Review at Outline Business Case, Full Business Case and Post Project Evaluation stages. Healthcheck reviews give the Project's Senior Responsible Officer (SRO) assurance that the project is fit for purpose and is being managed in a way that will meet its objectives. The Children's Hospital Project Board, chaired by Mark Wightman (Director of Strategy and Communications and project SRO) agreed that Healthcheck Review 3 (Investment Decision) will be carried out as a part of the Children's Hospital Project Phase I (EMCHC co-location), in advance of submission of the FBC to the Trust Board in order to assure the Finance & Investment Committee and Trust Board that the project will deliver its investment objectives.

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. Within the last month the Reconfiguration team has conducted an initial stakeholder mapping exercise with dedicated support from UHL's PPI team. A large part of this exercise

focussed on the identification and stratification / categorisation of service user interest groups, charities, third sector organisations and key PPI individuals, groups and networks (both internal and external). The outputs from this session will feed into the on-going design of the Reconfiguration Programme communications strategy and will ensure that it is underpinned by PPI being woven throughout.

22. Discussion is also underway with Patient Partners and UHL's PPI team to identify PPI representation as part of the newly formed ICU Programme Operational Delivery Groups. It is envisaged that a PPI representative will be a core member of each of the four Groups and will input directly to the Task and Finish sub-groups that will drive the Programme's delivery.

Section 2: Programme Risks

23. Each month, we report in this paper on risks which satisfy the following criteria:

- a. New risks rated 16 or above
- b. Existing risks which have increased to a rating of 16 or above
- c. Any risks which have become issues
- d. 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 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.

Risk	Current RAG	Mitigation
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.
There is a risk that the programme capital budget allocated to equipment will be insufficient as a consequence of a change in the accounting rules.	16	Each project within the programme has a detailed equipment schedule which informs the overall cost plan. Use of specialist equipment advisors to identify if there alternative procurement methods that can help mitigate the increasing costs. The purchase of new equipment is managed within the budget alongside optimising the reuse of current equipment.

Input Sought

The Trust Board is requested to:

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