

Relocation of Level 3 ICU and associated dependent services from LGH & Day-Case Activity to the LGH - Programme Update

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Paper E2

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 Committee 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	23/10/20	Discuss and support
Executive Board	03/11/20	Discuss and support
Trust Board Committee		
Trust Board		

1. Background

This report provides the monthly update to the Trust Board on progress, next steps, key issues and risks. The report informs the Board and escalates areas of risk to ensure that members are appropriately sighted and can provide support where necessary.

Specifically this month the trust Board is asked to:

- Note the current status of the project.

2. Progress

2.1 Construction Update:

The ICU expansion is now complete and handed over to UHL from the construction company, with the exception of Glenfield Wards. These wards are ready for clinical occupation and are complete to an acceptable standard for the Trust. Sign-off has been given by key stakeholders. At present, there are a handful of relatively minor snags which are outstanding and being addressed.

3. Clinical Management Group (CMG) Operational Delivery Groups

3.1 The CMG Risk Registers have been developed and were presented at the Project Implementation Board for discussion and agreement. The risks will be reviewed and discussed at the board each month to make sure that they are being well managed.

3.2 The groups are considering the draft theatre timetables and will provide comments to ITAPS as required.

3.3 The Operational Delivery Groups continue to revise their Standard Operating Procedures working across the CMGs to resolve any issues or risks.

3.4 The Nephrology Capital Project Manager has commenced in post so progress can now be made on this project.

4. Programme Risks

4.1 The project Risk Register was reviewed at Programme Implementation Board and updated. The register has captured the relevant risks but some of the scores need to be revised. In particular the risk around the Travel Plan is underscored.

4.2 It was reported that the lack of clarity around travel options for staff has resulted in some staff's reluctance to identify their preferred choice of site as required by the Management of Change process.

5. Communication Plan

5.1 The Communications Team are providing ongoing support during the HR staff engagement process.

5.2 The ICU project INsite pages are undergoing a refresh with support from the project team.

6. Day case update

6.1 Listening into Action events were held in September.

6.2 The Standard Operating Procedures are to be finalised over the next month.

6.3 Further work will be carried out over the next 2 months to identify equipment that can be utilised for both day case units and the theatre arrivals area to prevent cost to the project.

6.4 A Change Control paper was submitted for £17.5k for an additional toilet in Daycase at

LGH. This was agreed in principal but could not be approved until the finance work on VAT is complete (see below).

7. Financial Update

7.1 Forecast outturn for the ICU programme is £31.626m against a budget of £32.056m, revised from the FBC budget of £30.8m to include backlog and Covid-19 funding totalling £1.257m. This gives us a current projected underspend of £420k, but this includes Risk Allowance overspent by £50k and Optimism Bias of £470k.

7.2 Ernst and Young (EY) VAT advisers were involved in the VAT recovery assumptions which went into the Business Case and underpins circa £1m of VAT recovery. As the scheme is now approaching completion, there needs to be a review of the transactions to identify VAT that can be recovered. EY will therefore be requested to undertake a detailed review. Expenditure on pending change controls and anticipated future change controls was highlighted as a risk and it was agreed that no firm decisions regarding these will be made until the outcome of the VAT review is known.

8. Next steps

8.1 The following activities are planned for November 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.
- The Theatre Timetable will be approved.
- The timeline and costs for the nephrology project will be identified. Any risks and issues will be presented to Programme Implementation Board (PIB) in November.
- A new title for the PIB that reflects its remit and to comply with the recent governance review terminology will be decided.

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:
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Strategic: Does this link to a Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None	X	

5. Scheduled date for the **next paper** on this topic 3rd December 2020
6. Executive Summaries should not exceed **5 sides** My paper does comply