

UHL Reconfiguration Update

Author: Nicky Topham & Justin Hammond

Sponsor: Darryn Kerr

Paper C

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	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
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	26/02/2021	Discussion and Decision
Executive Board	02/03/2021	Discussion and Decision
Trust Board Committee		
Trust Board		

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:

- Decision Making Business Case (DMBC)
- New Hospital Programme (NHP) Regulator Engagement
- Progress with Approvals of the Submitted Business Cases
- Governance and Reporting

Questions

1. What are the key issues that the Reconfiguration Programme is facing this month?

Conclusion

Decision Making Business Case

1. As we previously reported, the Commissioning Support Unit is now in the process of analysing all the feedback from the consultation and populating the report of findings. This is a complicated and detailed process as each question will show a range of quantifiable data covering the numbers of people who responded, the percentage who agreed, disagreed or neither, and for each then a split by stakeholder type, geography and equality characteristic. There will also be the qualitative (narrative) responses showing the top three themes for those in support, in disagreement and observational comments.

2. The DMBC then combines the views expressed in the consultation with the clinical endorsements from UHL to provide the CCG Governing Body with the assurance that all the recommendations in the DMBC are clinically supported by the Trust.

New Hospital Programme (NHP) Regulator Engagement

3. Through the Collaboration Agreement, the NHP plans to create a learning pathfinder alliance with the front running eight projects. The objectives of the alliance are to:
 - a) Create a design 'mastermind'
 - b) Develop the knowledge and collateral for the programme
 - c) Be collectively sighted on the funding conditions set by HMT on the approach to delivery
4. The eight front running projects will lead the delivery of the programme, and will be used to identify good practice and a standardised approach which will inform the later projects. The focus is being placed on these front runner trusts.
5. To do this the NHP will establish a centralised body, accountable and resourced for a programmatic approach with the aim of developing and applying a common commercial and procurement strategy to achieve economies of scale and mitigate supply constraints. The target across the national programme being:
 - a) 30% reduction in cost
 - b) 50% reduction in on site construction time
 - c) 50% reduction in emissions

Round Table Meeting

6. We had our formal Round Table meeting with the senior team from the New Hospitals Programme (NHP) on 29th January. At the meeting we met the new NHP Senior Responsible Owner (SRO), Natalie Forest. Further information on the meeting can be found in paragraphs 8 to 10 of the full report.

Mott McDonald Review

7. An in depth technical and design review has commenced on the eight front runner projects led by technical consultants Mott McDonald, supported by architects BDP and health planners Archus. The process is being run in four streams.
8. The review programme and structure are set out in paragraphs 19-20 of the main report. UHL are the last trust to be reviewed. Whilst our request for information process has started and the team are collating in depth information, the final follow-on session will not conclude until the week commencing 17th May, when the end point review for the whole process will conclude.

Programme

9. The implication of the timing of this review is that we have been advised that we should not start the Outline Business Case (OBC) development at pace until we, and the NHP, are assured that there will be no abortive design costs. At this point, we need to agree the extent to which we must deliver a building which is net zero carbon, fully digital and with standardised rooms across the new hospital programme.
10. We are therefore assuming that the OBC development will commence at the beginning of June. This represents a three month delay to the current programme. This does not necessarily mean a delay to the end point of the programme; it is hoped that the standardisation approach will reduce the overall time needed to develop the OBC.
11. The Reconfiguration Programme Committee approved the Change Control request, recognising that it may change again depending on the New Hospital Programme. Details of the impact of the delay can be found in paragraph 17 of the full report.

BDP Activity Summary

12. Based on the direction from NHSE&I, the UHL team has agreed jointly with BDP to develop only 'non-abortive' works and design elements (i.e. design work that the 'central team' would regard as 'unique' to the UHL programme as opposed to design work that might be repeated across a number of other Front Runner Trust programmes. UHL await definition as to the precise nature of which elements will be designed 'centrally' and applied across the programme as opposed to unique elements that are bespoke to the Reconfiguration Programme.
13. A number of packages of work activity have been agreed with BDP covering both the LRI and GH sites. Elements of design that have been agreed with the central team and that are being progressed are in paragraph 19 of the full report.

Communications

14. The NHP and the DHSC are developing a website to showcase the NHP. The website will feature an interactive map showing the locations of each of the 40 hospitals, 20 upgrades, and equipment installations from across the country. Each location on the map will ultimately link through to a sub-page which will outline the details of that site; including the scheme description, images and videos, and potentially any community engagement activities.
15. A soft launch of the website is planned for the end of March, when it is planned to publish pages for the eight frontrunner trusts at the same time, which we have been asked to contribute to, through our communications team. We will be able to review the information before it is published.

Progress with Approvals of the Submitted Business Cases

Programme Management Offices case

16. Following detailed feedback to the NHP on some outstanding queries, we are still awaiting to hear whether our case has been approved for the programme management office, and latterly to provide training and education capacity at GH.

Decontamination Case

17. The decontamination case (£8.9m) is due to be approved at the Joint Sub Investment Committee following receipt of full planning permission. We have been advised that the Decontamination planning application has been deferred again, and will be presented to the Planning Committee on Wednesday 10th March.

18. We are waiting to hear form NHSE/I colleague when the case can be presented to the Joint Sub Investment Committee once approval is received. The case cannot be placed on the agenda until we are in receipt of the planning approval.

Governance and Reporting

19. The individual project highlight reports are available upon request. Any issues highlighted for escalation are either highlighted in this paper or a separate paper and agenda item.

Input Sought

The **Trust Board** is requested to:

1. **Note** the current position with the development of the National Hospital Programme, and the uncertainty on timings for defining the requirements for the priority areas.
2. **Note** the Change Control reflecting a likely 3 month delay to the commencement of the OBC.
3. **Note** the continued delay to the approval of both the PMO office business case and decontamination case.

For Reference:

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

Equality Impact As

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? 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

4. 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		

- 5. Scheduled date for the **next paper** on this topic: [April 2021]
- 6. Executive Summaries should not exceed **5 sides** [My paper does not comply]

UHL Reconfiguration Programme – Full Report

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 04 MARCH 2021

REPORT FROM: Nicky Topham & Justin Hammond

SUBJECT: UHL Reconfiguration Programme Update

This report provides a summary and overview of the current programme status, and is a reflection of recent discussions at the project boards and ESB on the 2nd February and Trust Board on the 4th February 2021.

Decision Making Business Case (DMBC)

1. As we previously reported, the Commissioning Support Unit is now in the process of analysing all the feedback from the consultation and populating the report of findings. This is a complicated and detailed process as each question will show a range of quantifiable data covering the numbers of people who responded, the percentage who agreed, disagreed or neither, and for each then a split by stakeholder type, geography and equality characteristic. There will also be the qualitative (narrative) responses showing the top three themes for those in support, in disagreement and observational comments.
2. Whilst the report of findings will contain all the information gathered in the consultation, a summary of findings for each question (as described above) will be used to inform the Decision Making Business Case (DMBC), the full report of findings will be appended.
3. The DMBC then combines the views expressed in the consultation with the clinical endorsements from UHL to provide the CCG Governing Body with the assurance that all the recommendations in the DMBC are clinically supported by the Trust.

New Hospital Programme (NHP) Regulator Engagement

4. The strategy for the New Hospital Programme (NHP) is becoming clearer.
5. Through the Collaboration Agreement, the NHP plans to create a learning pathfinder alliance with the front running eight projects. The objectives of the alliance are to:

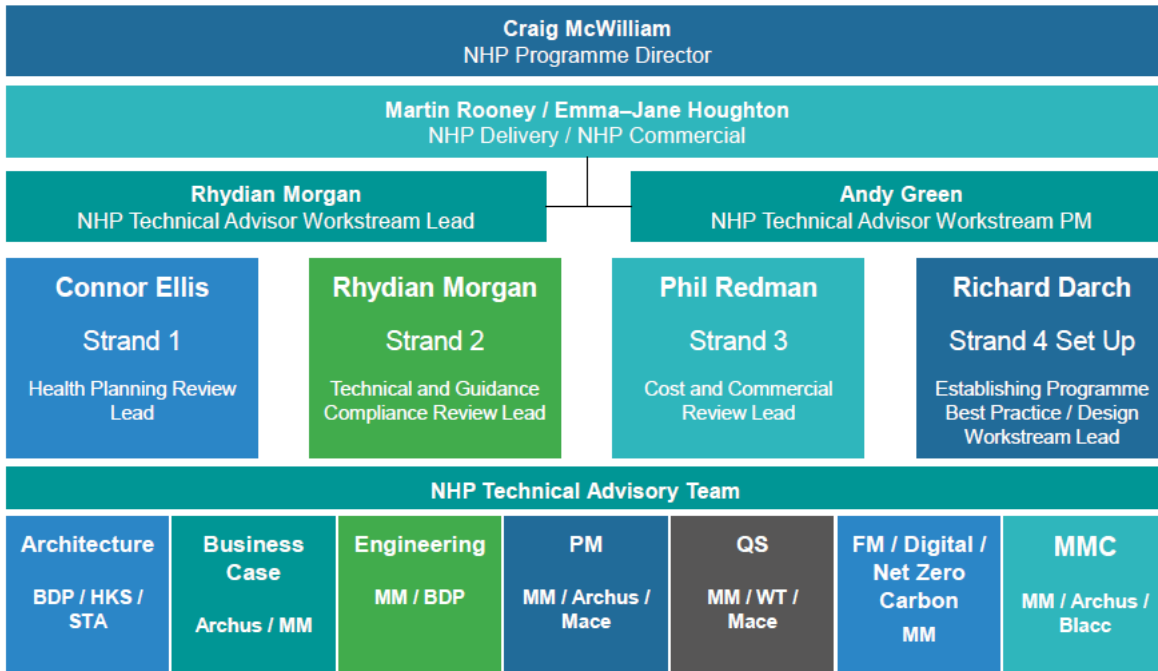
- Create a design 'mastermind'
 - Develop the knowledge and collateral for the programme
 - Be collectively sighted on the funding conditions set by Treasury on the approach to delivery
6. The eight front running projects will lead the delivery of the programme, and will be used to identify good practice and a standardised approach which will inform the later projects. The focus is being placed on these front runner trusts.
7. To do this the NHP will establish a centralised body, accountable and resourced for a programmatic approach with the aim of developing and applying a common commercial and procurement strategy to achieve economies of scale and mitigate supply constraints. The target across the national programme being:
- 30% reduction in cost
 - 50% reduction in on site construction time
 - 50% reduction in emissions

Round Table Meeting

8. We had our formal Round Table meeting with the senior team from the New Hospitals Programme (NHP) on 29th January. At the meeting we met the new NHP Senior Responsible Owner (SRO), Natalie Forest.
9. The meeting focused on the following topics; we had submitted a detailed response beforehand:
- Governance & Resources
 - Demand & Capacity Modelling
 - Cost & Commercial
 - Programme
 - Planning and Land
 - Risks & Issues:
 - Design & Sustainability
10. We used the meeting to focus the message on how we developed our cost base; keeping costs lean and efficient to ensure value for money.

Next Steps: Mott McDonald review

11. An in depth technical and design review has commenced on the eight front runner projects led by technical consultants Mott McDonald, supported by architects BDP and health planners Archus. The process is being run in four streams.
12. The review structure and leads is identified below:

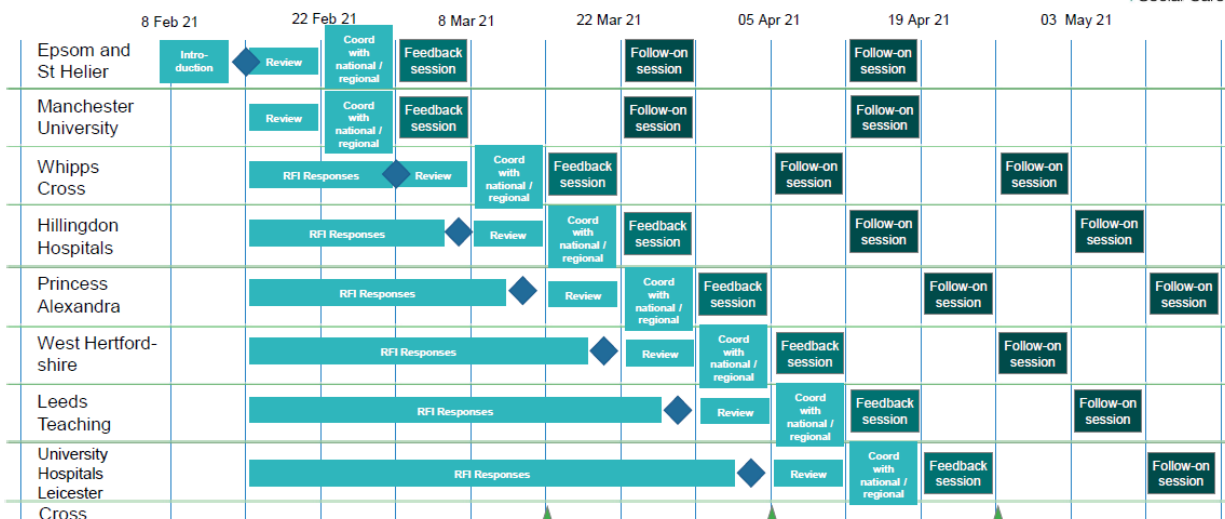


13. The review programme is set out below. As can be seen, UHL are the last trust to be reviewed. Whilst our request for information process has started and the team are collating in depth information, the final follow-on session will not conclude until the week commencing 17th May, when the end point review for the whole process will conclude.

Outline Review Plan

There will be varied timing of outputs from individual teams – availability of information

NHS England and NHS Improvement



Cross project work



Key: ◆ Collate information and prepare for review ★ Cross project reviews

Programme

14. The implication of the timing of this review is that we have been advised that we should not start the Outline Business Case (OBC) development at pace until we, and the NHP, are assured that there will be no abortive design costs. At this point, we need to agree the extent to which we must deliver a building which is net zero carbon, fully digital and with standardised rooms across the new hospital programme.
15. We are therefore assuming that the OBC development will commence at the beginning of June. This represents a three month delay to the current programme. This does not necessarily mean a delay to the end point of the programme; it is hoped that the standardisation approach will reduce the overall time needed to develop the OBC.
16. The Reconfiguration Programme Committee approved the Change Control request, recognising that it may change again depending on the New Hospital Programme.

Programme Delay Impact

17. The result of the delay by 3 months provides the opportunity to review:
 - Programme management – the project stock take is being undertaken by PwC and will conclude in the next few weeks. The outcome will be a set of recommendations to strengthen specific areas
 - Programme resources – confirmation that we have the capacity and capability to manage the commercial contracts with the private sector
 - Programme management – allows the new digital programme management office time to embed
 - Design readiness – BDP will be developing a site masterplan to inform the designs on the two sites, and reviewing the site infrastructure
 - Complete the comprehensive review of the scope of the programme with full clinical engagement and sign off of any changes

Building Design Partnership (BDP) Activity Summary

18. Based on the direction from the New Hospital Programme (NHP), the UHL team has agreed jointly with BDP, our design team, to develop only 'non-abortive' works and design elements (i.e. design work that the 'central team' would regard as 'unique' to the UHL programme as opposed to design work that might be repeated across a number of other Front Runner Trust programmes. UHL await definition as to the precise nature of which elements will be designed 'centrally' and applied across the programme as opposed to unique elements that are bespoke to the Reconfiguration Programme.

19. A number of packages of work activity have been agreed with BDP covering both the LRI and GH sites. Elements of design that have been agreed with the central team and that are being progressed include:

- Developing a master planning strategy that summarises the adjacencies, the massing, inter-relationship within the locale for each site. This information will be used as part of the Town Planning process due to commence shortly.
- Developing an infrastructure strategy that summarises how the buildings will be serviced and enabled with the necessary utilities and technology. The strategy will outline a 'stepping stone' approach that needs to be considered to progress from the current infrastructure to the future; taking into account the Trusts Green Plan targets in 2040.
- Developing a Net Zero Carbon (NZC), Digital Blueprint and Modern Methods of Construction (MMC) strategy. These activities are fundamental to the future design, development, delivery and operation of the facilities. BDP and the UHL are collaboratively fleshing out the strategic detail for each element and are considering how each element can best be embedded within the design philosophy from the earliest stages.
- As part of the wider 'baselining' and information gathering process', BDP has been supporting the UHL team in collating the necessary survey information from across each site. The collective team are now well progressed in identifying any gaps and commissioning necessary survey work.

Communications

20. The New Hospital Programme (NHP), and the DHSC are developing a website to showcase the NHP. The website will feature an interactive map showing the locations of each of the 40 hospitals, 20 upgrades, and equipment installations from across the country. Each location on the map will ultimately link through to a sub-page which will outline the details of that site; including the scheme description, images and videos, and potentially any community engagement activities.

21. A soft launch of the website is planned for the end of March, when it is planned to publish pages for the eight frontrunner trusts at the same time, which we have been asked to contribute to, through our communications team. We will be able to review the information before it is published.

Progress with Approvals of the Submitted Business Cases

Programme Management Offices Case

22. Following detailed feedback to the NHP on some outstanding queries, we are still awaiting to hear whether our case has been approved for the programme management office, and latterly to provide training and education capacity at GH.

Decontamination Case

23. The decontamination case (£8.9m) is due to be approved at the Joint Sub Investment Committee following receipt of full planning permission. We have been advised that the Decontamination planning application has been deferred again, and will be presented to the Planning Committee on Wednesday 10th March.

24. We are waiting to hear from NHSE/I colleague when the case can be presented to the Joint Sub Investment Committee once approval is received. The case cannot be placed on the agenda until we are in receipt of the planning approval.

Governance and Reporting

25. The individual project highlight reports are available upon request. Any issues highlighted for escalation are either highlighted in this paper or a separate paper and agenda item.

Input Sought

The **Trust Board** is requested to:

1. **Note** the current position with the development of the National Hospital Programme, and the uncertainty on timings for defining the requirements for the priority areas.
2. **Note** the Change Control reflecting a likely 3 month delay to the commencement of the OBC.
3. **Note** the continued delay to the approval of both the PMO office business case and Decontamination case.