

NHS Estates & Facilities
Backlog Maintenance & Critical Infrastructure Risk (CIR) Review

Objective

1. The purpose of this Review is to obtain an accurate view of the levels of Backlog Maintenance and Critical Infrastructure Risk (CIR) in the NHS, the reasons it exists and what is the approach to reducing or eliminate it. In addition, the review will address broader actions needed to ensure the current situation does not occur.

Reporting and outputs

2. A report to Chief Executive and Board of NHS Improvement setting out an analysis of the current situation in regard to Backlog Maintenance and CIR, including identifying the reasons for it, and making recommendations of actions to reduce or eliminate it. In terms of reduction, the acceptable and safe levels of CIR will be assessed. Backlog Maintenance and CIR will be reviewed for comparable organisations including commercial ones, to identify lessons for the NHS. The recommendations will cover future management and data collection for backlog and CIR, as well as guidance and support, both locally and centrally.

Implementation

3. To drive this Review at pace and provide an independent, but informed, assessment of the situation, an external organisation will be recruited to undertake the Review. Given their successful involvement in earlier similar work, Loughborough University will be approached to undertake the Review as set out in this document.

Background

4. In 2012-13, a review of Backlog and CIR was undertaken by the Department of Health to identify whether extra capital investment was needed to reduce either of them. Loughborough University provided the technical support to this review. The result was a proposal to the SofS to invest an additional £500m of capital in the NHS specifically to reduce CIR. The SofS agreed to this, but as a result of decisions by HM Treasury the funding was eventually withdrawn.

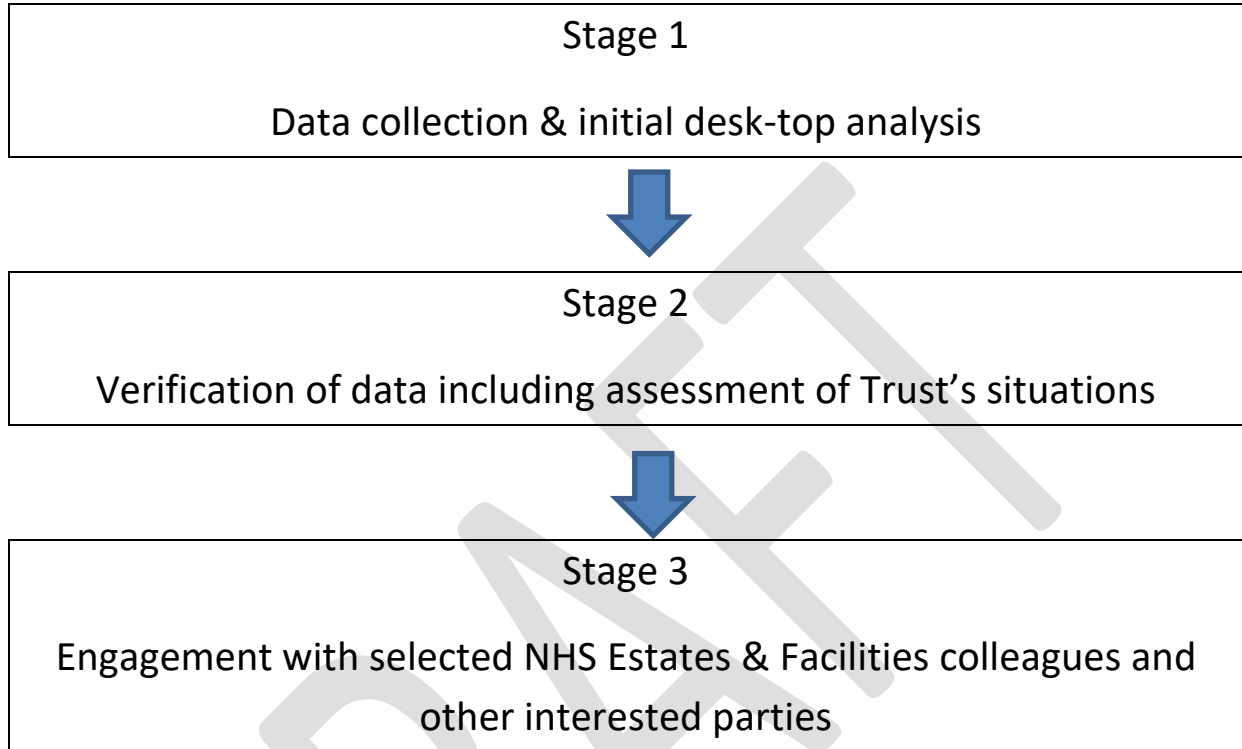
Timing

Deliverable	Date
Draft Scope and Plan	April 17
Recruit to Capital / Commercial workstream	May 17
Data Collection	May 17
Desk-top analysis	May/June 17
Data and Information verification	June/July 17
Engagement	August/September 17
Outcomes Report	October 17

Methodology

This methodology will be discussed with Loughborough and amended based on their feedback.

5. A three stage approach to the Review is proposed:



Stage 1 - Data collection & initial desk-top analysis

6. A data collection will be undertaken from all NHS trusts on their Backlog & CIR levels including the reasons it exists – See Annex A for the data to be collected, the risks of its continued existence and how it can be eliminated. The results of this collection will be cross referenced with other data including:
- CIR/Area metric;
 - Planned Backlog for 2017-18)/CIR;
 - Trust income;
 - PFI, PropCo and leased sites (as the NHS is not responsible for Backlog/CIR on these);
 - Historical and planned capital expenditure patterns;
 - Future planned changes to the estate e.g. STP's, and
 - Capacity to support capital investment.
7. The above analysis will be used to give a national Backlog and CIR situation and identify outliers:
- Low levels of historic capital investment compared to the size of their estate;

- High levels of Backlog and/or CIR when they have invested heavily in their estate, or;
 - High levels of Backlog or CIR compared to their peer groups.
8. We will also ask NHS trusts for their qualitative assessment of the situation regarding Backlog and CIR, including:
- Generic issues in managing backlog and Cir including prioritisation of capital funding locally;
 - Suggestions for improving guidance on assessing and reducing it;
 - Proposals for innovative ways of reduction of Backlog and CIR;
 - Case studies on how they have made improvements locally that can be re-used nationally.

Stage 2 - Verification of data including assessment of Trust's situations

9. The outliers identified in Stage 1 will be investigated to ensure that they are actually outliers and their position as such is due to their underlying situation and not a result of poor quality data. On completion of the verification, trusts will be identified for further engagement.

Stage 3 - Engagement with selected NHS Capital colleagues

10. Selected trusts will be engaged on a one-to-one basis either directly as part of this Review, or as part of other engagement e.g. Pathfinder visits which will minimise the burden on the trusts.
11. Through the engagement, Trusts will be challenged on their current Backlog and CIR situation, how they got into this situation and their planned actions to improve. How they make decisions on capital expenditure will also be explored.

Governance

12. The NHS Estates and Facilities Efficiency and Productivity Division will lead this review. SRO will be Simon Corben, and the project lead will be [REDACTED] supported by Loughborough University.
13. Full governance structure, including ToR, membership and a meeting schedule, will be drafted and implemented on agreement of scope.

Data Collection

14. Data on CIR would be collected from all NHS Trusts and Foundation Trusts as a one-off collection. The collection needs to be mandatory and therefore pre-approval from the NHS Digital licensing process would be required. An appropriate mechanism would need to be developed to collect the data, preferably as an on-line web based system.

15. The Information Governance status of the data collected would need to be ascertained before the collection goes public. It is highly likely that we will receive Freedom of Information requests for the data after it is collected. NHS organisations may require assurance that data they provide through this data collection will not be made public. Failure to do this may result in NHS organisations not providing full and accurate data.

V1.3 27/04/17

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Annex A – Data to be collected

Data Item	Notes
NHS Trust Code	
NHS Trust Name	
NHS Site Code	
NHS Site Name	
CIR Issue:	A name for the specific issue being looked at, to allow separate issues to be recorded for the same site.
Amount of CIR to be eliminated (£'000)	
Actual capital investment needed to eliminate the CIR Include additional costs that are dependent upon the choice of a project to address the backlog e.g. fees, VAT and costs to decant services and/or to provide temporary services to other areas (e.g. provision of temporary ward building), the requirements of which will depend upon the chosen scheme content. Note: These should only be Capital costs and those specific to delivering the elimination of the CIR. (£'000)	
CIR Type (Select from drop down box: Safety, Regulation or Resilience).	To allow aggregation of the data nationally by its type.
CIR Sub Type (Select from list of service types e.g. Cleaning, Food, Patient Transport)	This allows the services affected to be assessed. This list needs to be inclusive and useful. It would best if it was checked with NHS colleagues before the data collection is designed.
Description of CIR that needs to be eliminated including timeframe, causes and impact of non-investment to safety and/or resilience of services. (Up to 200 words)	

<p>Annual revenue impact of existing CIR (£'000). The cost to the Trust of maintaining the infrastructure and its associated services that would not be spent if the CIR was eliminated. This should be stated at 2017-18 values.</p>	<p>This data allows the revenue savings of eliminating CIR to be assessed which will be useful for any business case for future funding. Details of this definition will need to state what costs to include etc.</p>
<p>Cause(s) of CIR e.g. under-investment, change in facility use. (Up to 200 words)</p>	
<p>CIR Elimination method (Select from drop down box: Capital Investment, Building disposal or Other). (Up to 200 words)</p>	
<p>Description of how investment would eliminate CIR, including timeframe. The reason for the selection of this method should be stated.(Up to 200 words)</p>	
<p>Description of the risks to the investment needed to eliminate the CIR, including timing issues. (Up to 200 words)</p>	