

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	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	22/12/2020	For discussion and noting
Executive Board – ESB	05/01/2021	For discussion and noting
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:

- Public Consultation
- Progress with approvals of the submitted business cases
- Equality Diversity and Inclusion

Questions

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

UHL Reconfiguration Programme – Full Report

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 1st December and Trust Board on the 3rd December 2020.

Public Consultation

1. The public consultation drew to a close on the 21st December having run for 3 months. The concerted efforts of both the CCG and UHL teams have seen a huge range of online consultation events and use of published media and social media to raise awareness and spread the word. This has included:

- a) 26 online events have been held including public workshops and Question and Answers Panels and events for specific communities/organisations. Many of these events have included the ability for those less digitally enabled to dial-in by phone, while those without access to the internet have been encouraged to request paper copies of the consultation document and questionnaire.
 - b) Staff briefings and written communications shared with staff across LLR – including CCGs, UHL and LPT reaching circa 25,000 staff;
 - c) Commissioning 18 voluntary and community organisations to reach out to seldom heard and often overlooked communities to encourage and support them to participate (focus on age, race, disability, pregnancy/maternity, sexual orientation).
 - d) Extensive media coverage in county-wide and locality specific media including the BBC Radio Leicester, BBC East Midlands Today, Rutland Times and Melton Times.
 - e) Full page advertorials in community magazines and newsletters across Leicester, Leicestershire and Rutland including the Swift Flash, MaHa Magazine, Age UK magazine;
 - f) Commissioning of extensive four-week radio advertising across local commercial and community radio stations including Capital FM, 103 The Eye, HFM and GHR Stamford and Rutland.
 - g) Targeted TV advertising, using smart technology, of residents aged 55 and above and those less likely to be digitally enabled or regular users of social media. This media reaches 79,000 households across Leicester, Leicestershire and Rutland;
 - h) Extensive utilisation of social media, including local NHS-owned platforms and paid for advertising to target Facebook, Instagram, Snapchat and Twitter users in Leicester, Leicestershire and Rutland. Activity and reach across main social media platforms for both paid and organic content is: Facebook (250,000 reach, 900,000 impressions), Google: Estimated 350,000 reach, 4,000,000 impressions
 - i) Google: Consultation website: 50,000 unique visitors. In addition a Facebook Live specifically discussing maternity had over 500 participants at its peak with 20,000 more watching it back post event.
 - j) Posters and information provided to hundreds of local shops and community venues throughout Leicester, Leicestershire and Rutland;
 - k) In addition, a solus door drop of an information leaflet to residential properties was undertaken in October, with a secondary delivery in November. In addition, rural communities in Rutland receive a leaflet via Royal Mail as solus was not an option.
2. The use of technology to hold meetings, share information and promote the consultation has enabled a wider reach across communities. This activity has been combined with off-line activities to reach communities not digitally enabled. Of those activities currently undertaken, where we can measure the reach of our promotion to create awareness of the Building Better Hospitals for the Future consultation, it shows that the consultation has had a combined reach of 1,459,705 people across Leicester, Leicestershire and Rutland. As this figure is higher than the total population of LLR it demonstrates that many people will have had multiple pieces of information, increasing their awareness of our proposals.
 3. The next stage of the process is for the Commissioning Support Unit (CSU) to process all the feedback from the questionnaires, events and other sources and produce the detailed analysis. We have agreed that as they compete different sections they will share this information so it can be used to write the Decision Making Business Case (DMBC), which is the case that the

CCG have to review and approve in order for the scheme to proceed. At this time we do not know how long it will take to process the data and write case, so a provisional date of April has been suggested for the approval.

4. The following timetable summarises the remaining assurance process:

Date	Milestone	Key people	Notes
20 th August	Private HOSC meeting	Richard Morris Mark Wightman	Briefing on progress before CCG Public Board: Complete
1 st September	NHSE Board Approval	NHSE/I	Approval by correspondence
2 nd September	PCBC published before CCG Public Board	CCG	Complete
8 th September	Sign-off Consultation Plan at CCG Governing Board	Andy Williams – CCG AO	APPROVED
23 rd September	Joint HOSC	Andy Williams –/ Rebecca Brown	Complete
28 th September	Consultation Starts	System	Complete
9 th November	Mid-Point Review	System	Complete
21 st December	Consultation Closes	System	Complete
April '21	Approval of DMBC	CCG	

5. The Programme office case (£1.5m) was regrettably not approved by the National Joint Investment Committee on the 15th December, pending some further information which we will develop in the New Year.
6. The decontamination case (£8.9m) was due to be approved at the Joint Investment Committee on the 21st December, following receipt of full planning permission on the 30th November. However, we have now heard that since there are a number of objections to the construction of the building at GH, the proposal needs to be discussed at a formal planning committee before consent to proceed is given. It is scheduled for discussion at the Committee on the 27th January, and we will receive informal feedback on the 28th January. On this basis, we are working with NHSE/I so that this case can be presented to the February National Joint Investment Committee. All other queries and issues raised by them have been resolved.
7. Depending on the length of delay, it is possible that the FBC finances will need to be revised owing to the increased time that the interim solution will be needed for, although this revenue impact is likely to be minimal. We will advise on progress at the next meeting.

Equality Diversity and Inclusion

8. In the summer of 2020 the Reconfiguration Team met with Equality, Diversity and Inclusion (EDI) colleagues to discuss and agree how EDI could be integral to the Reconfiguration Programme.

9. The Head of EDI delivered a presentation on the Inclusive Decision-Making Framework and how it could be applied to the decision-making process for reconfiguration. A key lever was identified in embedding the six steps of the framework into the Programme Management processes. It was agreed that a small core group would take this work forward working with the Head of EDI.

10. Over the course of 5 months EDI considerations have been incorporated in the following areas:

- Project Initiation Documentation and process
- Operational Policy
- Design Briefs

11. Work is due to begin on Standard Operating Policies (SOPs) early in the New Year and engagement with SOP authors, Task and Finish and Operational Groups will take place between January and March. This work aims to support a patient centred approach and ensure that equality, diversity and inclusion inform the development of our services.

12. A full report will be presented to a future meeting.

Input Sought

The Trust Board is requested to:

1. **Note** the current position set out within this report.

For Reference:

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

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 Principal Risk on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic:

[February 2021]

6. Executive Summaries should not exceed **5 sides**

[My paper does comply]