

**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	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 Cmt	23/10/20	Discuss and support
Executive Board	03/11/20	Discuss and support
Trust Board Committee		
Trust Board	06/10/20	Discuss and support

## Executive Summary

### 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
- Regulators Engagement
- Programme Update
- Travel Planning Support and Development
- Governance and Reporting

### Questions

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

### Conclusion

#### Public Consultation

1. The public consultation officially launched on the 28<sup>th</sup> September with good media coverage across local and regional TV, radio press and social media. The website [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk) went live with a range of videos, visual fly-throughs of the proposed new builds at GH and LRI, the full PCBC and most importantly the online survey.
2. To date we have held 5 online engagement sessions, with the workshop style focussed on the topic of maternity. The attendance for all the sessions has been low, with the highest of about 19 people, but it is early days and as the information spreads about the consultation and events we expect the numbers to grow. Despite the small turn-out the questions have been very varied, covering many aspects of the consultation, and people seems genuinely interested in how the plans will be delivered.
3. At the time of writing this report there had been 1228 completed surveys and some partially completed, this indicates that some people are leaving the survey part way through. The Consultation steering group have taken this on board and have worked with the Commissioning Support Unit to change the navigation of the survey, so it now gives the person the option of either explaining their answer in narrative or skipping to the next closed question: closed questions are “do you agree or disagree...”.
4. It is really important that we all encourage our friends, family, staff and neighbours to go on to the website and complete the survey as we really need to hear as many opinion’s as possible.
5. The timetable summarises the remaining assurance process is shown in paragraph 4 of the full report.

### **Regulator Engagement**

6. We met with the Regional and National NHSE/I teams and DHSC on the 13<sup>th</sup> October. At the meeting we discussed the overall progress of the scheme and specifically the progress of the consultation as described previously in this report. We also discussed:

#### **Progress with approvals of the Submitted business cases**

7. The decontamination case (£8.9m) is due to be approved at the Joint Investment Committee on the 21st December, following receipt of full planning approval on the 30th November. Drawdown will be required from January 2021 in line with the construction start.
8. The Programme office case (£1.5m) is due for approval at the Joint Investment Committee on the 27th October.

**Drawdown for 2021/21 for design fees**

9. We also discussed the need to drawdown capital for design fees from November in relation to Outline Business Case development, and have consequently submitted a drawdown request to the Regional team.

**Programme Update**

10. The programme has been reviewed in detail. We are continuing to deliver to our original programme; but not to the expected programme identified as a consequence of being asked by the Department of Health and Social Care to fast track the programme. We will take opportunities to fast track if possible:

- Designers to be appointed November '20 in preparation for OBC development.
- Conclude consultation 21<sup>st</sup> December '20
- OBC to conclude September '21.
- FBC to conclude May '22.

11. With regard to the early projects, we need to highlight a DELAY of 2 months to the delivery of the FBC. This is as a consequence of being advised that the FBC must be market tested and not just indicative costs, and that full planning permission is required before the FBC will be approved. This does not impact on main programme:

- Early works (Back Office, Training & Education, HS & Immunology, Early Infrastructure and site clearance) business case moved back to May '21
- Carparks business case moved back to May '21
- Stroke business case moved back to September '21.

**Travel Planning Support and Development**

12. Go Travel Solutions have been commissioned to work alongside the UHL Travelwise Manager to provide Travel Planning Support and Development for UHL covering the consultation phase of Building Better Hospitals for the Future and help develop long-term investment in sustainable travel for the Trust. Go Travel Solutions are a local specialist sustainable transport consultancy that have strong and strategic relationships with stakeholders in the city and beyond. These include the main local providers of transport services, transport infrastructure and major employers.

13. The main areas of progress are:

- Creation of the draft Travel Action Plan
- Establishment of the steering group
- Creation of project groups

- Securing strong interest from Leicester City Council, Healthwatch and other interested parties

14. Further details of the progress plus the next key actions are shown in paragraph 32 of the full report.

### **Governance and Reporting**

15. The individual project highlight reports were shared with the Reconfiguration Programme Committee and any issues discussed. These are available upon request.

## **Input Sought**

### **Input Sought**

The Trust Board is requested to:

1. **ADVISE** whether this report provides sufficient and appropriate assurance of the progress of the UHL Reconfiguration Programme, and note the content of this paper.

### ***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)? Full EIA is included in the Pre Consultation Business Case.

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

5. Scheduled date for the **next paper** on this topic: [Dec 2020]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## 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 Reconfiguration Programme Committee and Executive Strategy Board (ESB) on the 3<sup>rd</sup> November 2020.

### **Public Consultation**

15. The public consultation officially launched on the 28<sup>th</sup> September with good media coverage across local and regional TV, radio press and social media. The website [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk) went live with a range of videos, visual fly-throughs of the proposed new builds at GH and LRI, the full PCBC and most importantly the online survey.
16. Since the launch there have been 5 online engagement events, with a further 25 planned. The online sessions are grouped in 3 levels; level 1 is a wide forum that can support over a 1000 people attending. Participants see the promotion video and hear a short presentation from key speakers from the CCG and UHL and then it's open to questions from the audience via the chat. In the background there are a team of people who can help provide answers to the presenters when the questions are technical about a particular topic.
17. The second level offers engagement for up to 250 people with the same format, but this time participants can ask their question verbally via video rather than using the written chat function. The third level of engagement is a workshop style meeting for a small audience of about 30 people, and these will be topic based.
18. To date we have held 5 sessions, with at least one of each level; the two workshop style events focussed one on the topic of maternity and the other was broader and covered the three sites. The attendance for all the sessions has been low; the highest number of attendees being 19 people, but it is early days and as the information spreads about the consultation and events we expect the numbers to grow. Despite the small turn-out, the questions have been very varied, covering many aspects of the consultation, and people seems genuinely interested in how the plans will be delivered.
19. The online consultation survey has been created in software called Snap, this allows us to log on to the website and access a range of data that shows what responses we have had in real time. In addition, the Commissioning Support Unit (CSU) who are running the survey and who are analysing the responses are also producing weekly reports on the themes of the narrative replies. This information can then be used to see if more targeted engagement is required, or if more information is needed in the Frequently Asked Questions (FAQ's) to help address particular concerns or questions.
20. At the time of writing this report there had been 1,228 completed surveys and some partially completed. This indicates that some people are leaving the survey part way through. One of

the CCG engagement officers spoke with the voluntary sector organisations who are helping to get the surveys completed, to see if they could shed any light on why people were abandoning the survey part way through. Their response was that people were finding the survey complicated and long, with many just wanting to answer the closed questions and not have to provide narrative to explain their answers.

21. The Consultation steering group have taken this feedback on board and have worked with the CSU to change the navigation of the survey. It now gives the person the option of either explaining their answer in narrative or skipping to the next closed question: closed questions are “do you agree or disagree...”.
22. It is really important that we all encourage our friends, family, staff and neighbours to go on to the website and complete the survey as we really need to hear as many opinions as possible.
23. The following timetable summarises the remaining assurance process:

Date	Milestone	Key people	Notes
1 <sup>st</sup> September	NHSE Board Approval	NHSE/I	APPROVED
2 <sup>nd</sup> September	PCBC published before CCG Public Board	CCG	COMPLETE
8 <sup>th</sup> September	Sign-off Consultation Plan at CCG Governing Board	Andy Williams CCG AO	APPROVED
23 <sup>rd</sup> September	Joint HOSC	System	COMPLETE
28 <sup>th</sup> September	Consultation Starts	System	COMPLETE
9 <sup>th</sup> November	Mid-Point Review	System	
21 <sup>st</sup> December	Consultation Closes	System	

### **Regulator Engagement**

24. We met with the Regional and National NHS England /NHS Improvement (NHSE/I) teams and Department of Health & Social Care (DHSC) on the 13<sup>th</sup> October. At the meeting we discussed the overall progress of the scheme and the following issues:

#### **Consultation**

25. We shared the progress to date as above.

#### **Progress with approvals of the Submitted business cases**

26. The decontamination case (£8.9m) is due to be approved at the Joint Investment Committee on the 21st December, following receipt of full planning approval on the 30<sup>th</sup> November. Drawdown will be required from January 2021 in line with the proposed construction start.

27. The Programme office case which will provide a base from which the programme will be run (£1.5m) is due for approval at the Joint Investment Committee on the 27th October.

**Drawdown for 2021/21 for design fees**

28. We also discussed the need to drawdown capital for fees from November in relation to Outline Business Case (OBC) development, and have consequently submitted a drawdown request to the Regional team.

**Programme Update**

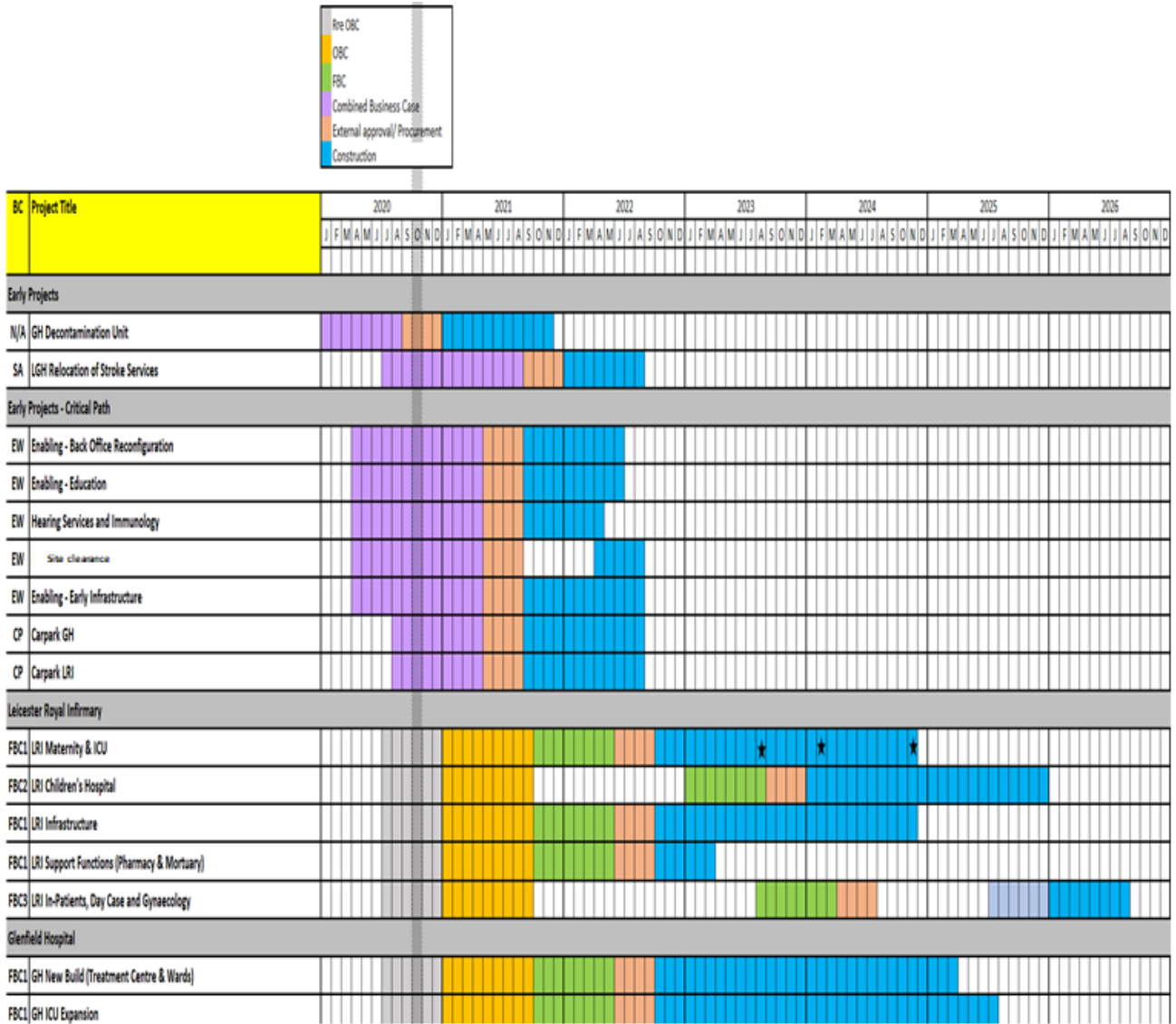
29. The programme has been considered in detail. Recognising the amount of work required to deliver a robust Outline Business Case, we are continuing to deliver to our original programme. We have been requested to progress at pace by the DHSC; and will continue to take opportunities to fast track if possible:

- a) Designers to be appointed November '20 in preparation for starting the OBC.
- b) Completion of consultation 21<sup>st</sup> December '20.
- c) OBC to conclude September '21.
- d) Full Business Case (FBC) to conclude May '22.

30. With regard to the early projects, we need to highlight a delay of 2 months to the delivery of the FBC. This is as a consequence of being advised that the FBC must be market tested and not just indicative costings, and that full planning approval is required before the FBC will be approved. This does not impact on main programme:

- a) Early works (Back Office, Training & Education, HS & Immunology, Early Infrastructure and Site Clearance) business case moved back to May 2021
- b) Carparks business case moved back to May 2021
- c) Stroke business case moved back to September 2021.





**Travel Planning Support and Development**

31. Go Travel Solutions have been commissioned to work alongside the UHL Travelwise Manager to provide Travel Planning Support and Development for UHL covering the consultation phase of Building Better Hospitals for the Future and help develop long-term investment in sustainable travel for the Trust. Go Travel Solutions are a local specialist sustainable transport consultancy that have strong and strategic relationships with stakeholders in the city and beyond. These include the main local providers of transport services, transport infrastructure and major employers.

32. The main areas of progress to date:

- a) Creation of Draft Travel Action Plan with the inclusion of an emerging sustainable travel network for the three UHL sites.
- b) Establishment of first Steering Group on 15th October, bringing together external and internal stakeholders e.g. De Montfort University, Leicester City Council, Healthwatch, Communications, HR and staff side.
- c) Creation of additional project groups with terms of reference to support effective project delivery including but not limited to a forum consisting of representatives from areas such as junior doctors, capital, equality, Leicester Tigers and Highcross
- d) Building on existing work and securing of strong interest from Leicester City Council in the UHL project. They have a desire to partner with the UHL in developing an enhanced sustainable travel network serving the hospitals. This includes:
  - i) Electric rapid transit services serving LRI e.g. from Birstall, Meynells Gorse and Enderby.
  - ii) A cycle hire facility and a new cycle parking facility at the LRI.
  - iii) Investment in the Hospital Hopper.
  - iv) New city centre connection serving the UHL.

33. The next key actions in the next phase of work will be:

- Engagement with external stakeholders to progress the co-production of transport measures to support the Reconfiguration Programme and help secure long-term benefits to the Trust.
- Development of business cases for where there is a requirement for investment from the Trust in transport measures.
- Engagement with internal stakeholders to help embed a proactive approach to sustainable travel as part of the DNA of the Trust.
- Gathering, reviewing, and responding (as appropriate) to travel feedback being received from the consultation.
- Development of a sustainable travel network for the three UHL sites in partnership with Leicester City Council. This will focus on enhanced bus links and cycle links along with complimentary measures to help promote.

**Governance and Reporting**

34. The individual project highlight reports were shared with the Reconfiguration Programme Committee and any issues discussed. These are available upon request.

**Input Sought**

The Trust Board is requested to:

1. **ADVISE** whether this report provides sufficient and appropriate assurance of the progress of the UHL Reconfiguration Programme, and note the content of this paper.