Public questions received on the UHL Reconfiguration item

For the 16th December 2020: City Health & Wellbeing Scrutiny Commission

1. Robert Ball

With regards to the UHL Reconfiguration Plan. The questions following are for the Leicester City Health and Wellbeing Scrutiny Commission ahead of its meeting on 16th December.

a) **Why are the risks of placing all 11,000 births in one maternity building not on the risk register? What do you think these risks are and how will you address them?**

At the UHL Board Trust meeting, 2pm 3rd September 2020, Paper B states:

"Sustainability is clearly going to be mandated. The expected brief has been shared with us, which includes the need to ensure new buildings are carbon neutral. Since our design assumptions are at a high level, we need to employ expert advisors to work with us to determine how this can be delivered, and at what cost. It is recognised that this requirement will impact on capital, so further discussions are required on the extent of delivery."

In addition, the Preconsultation Business Case states: "...the highest level of BREEAM performance rating and stars as **practicable**."

b) **Will UHL please confirm the new buildings will be designed and built to the highest of the five BREEAM ratings available to the 'Outstanding' rating Star 5 and the capital funding is available to achieve this?**

2. Brenda Worrall

Your proposals dramatically reduce choice for expectant mothers. Why won't you commit to the provision of a free-standing midwifery unit for low risk mothers? Offering one is part of NICE's quality statement but you are offering only a possible 12 month trial of a free-standing midwifery unit on the site of the General Hospital, with no associated capital investment. Requiring 300-500 births (the numbers keep changing) in a 12 month period, the trial looks as if it is set up to fail.

3. Jean Burbridge

Some risks of cost overruns are present in the risk register but some of them are not. Recent tenders have come in at higher than expected cost. Also, the proposals were costed before the pandemic so altering hospital design to allow for the greater space and flexibility needed in pandemic planning may also push costs up. Why is the possibility of cost overruns because of higher than expected construction and project management costs not reflected in your risk register?

Will the Department of Health cover additional costs for pandemic planning and how will you address cost overruns from higher than planned construction costs?

4. Jill Friedman

In response to public questions NHS leads have spoken about the removal of services from the Royal Infirmary to Glenfield as an example of how traffic on the LRI site will reduce. However, it has not spoken about how the new services on the LRI site, including a Maternity Hospital supporting 11,000 births, will affect traffic within the site and parking. Can it be more specific? Also it has ignored the issue of the congested nature of the roads around LRI and the impact that will have on access to LRI. Are there plans to improve traffic flow in the area?

5. Indira Nath

What happens after 2024? A £450m capital expenditure on hospital services is a long-term investment, so what is the long-term plan for hospital expansion after 2024? I appreciate that bed modelling is difficult, but population increases are a certainty, so a plan for expansion is unavoidable. 2025 is not far off and at the least, we should see a plan till 2036, including where the funding for that plan is going to come from.

6. Elizabeth Moles

How can the public be expected to give an informed assessment of the proposals without details of the community services which, we are told, will be picking up more health care through new patient pathways? The interdependence of community and hospital services is well established in whole systems thinking but community services have been bracketed off from this consultation.

7. Tom Barker

You state in the PCBC and in your response to an October 2020 JHOSC representation that the consultation does not include proposals for community services. You then make proposals for community services on the site of the Leicester General Hospital and consult the public on these, despite the fact that, as you admit, they are not funded in the £450m scheme. Do you agree that consulting the public on these possible, one-day-in-the-future 'potential' services alongside services you are committed to retaining on the site of the General Hospital is likely to confuse the public? I note that one of the prominent images on the website, in the brochures and in videos circulated on Twitter is an image of 'The Leicester General Hospital Community Hub' – which is unfunded - sometimes alongside the planned Treatment Centre and the planned Maternity Hospital - both of which are funded.

8. Sally Ruane

In the light of:

- the absence of details on community services making an informed assessment of the adequacy of the proposed hospital changes virtually impossible,
- the confusion surrounding the inclusion of unfunded 'potential' community services on the site of the Leicester General Hospital in the consultation,
- the failure of the consultation to reach what appears to be thousands of people in Leicester, Leicestershire and Rutland,
- the restrictions imposed by the pandemic, including full lockdown,
- the requirement to engage online in order to find out what is happening and to ask questions about it,

How likely do you think it is that the Building Better Hospitals consultation will fulfil the requirements of a lawful public consultation?

Questions from Member

9. Councillor Patrick Kitterick

Issues around consultation

a) There is reference to Independent Legal Analysis of the validity of the PCBC consultation - is that available in complete or redacted form?

b) A door to door leaflet drop was promised what percentage was delivered and how was this verified (lots of reports of no leaflet having been received) what was the cost of this exercise?

c) Can we have a breakdown of consultation responses with where the response originated from, when will this breakdown be supplied?

Actual Number of Beds

d) Can a detail description of how the change of 28 Hampton Suite beds to other uses will be handled?

e) 70 Capital Resource Limit funding has been discussed (if needed) what is the current official position on this?

Loss of Leicester General Hospital

f) How does the loss of Leicester General Hospital impact the city and counties resilience in terms of "Clean Sites" during the current or future pandemics.

g) Could the General Hospital be used to address the backlog of operations created by COVID19?

h) BCT Page 138-141 – Financial Pages – Are these affected by £46 million financial adjustment currently under investigation by auditors

i) BCT Page 156 What land is due to be sold at the Glenfield Hospital site and can a full map of the land left at both the Glenfield and LRI site?

j) BCT Page 327 Financials, is a sale of land required to fund the PCBC?

k) BCT Page 328 & 329 What roles does the £46 million financial adjustment play in these figures?

DELIVERY BY PRIMARY CARE

l) BCT Page 121 – Talks about delivery by Primary Care, is there a plan that we can see that describes how this formerly delivered hospital care will be delivered by primary care. This is especially important considering the difficulties in Primary Care provision in the city.

MATERNITY SERVICES

m) BCT Page 127 – Offer to look at Midwife Led Unit – Offer of 500 births to take place in a short time or total close. What is the thinking behind 500 births and the time scale? Is there any flexibility on this?

n) BCT Page 180 & 181 Reference to drop off at LRI being key to moving births, how confident are UHL about traffic management around the LRI site?

ANY OTHER QUESTIONS

o) Can we have an update on BREEAM rating of new construction and a wider narrative about the environmental targets of the PCBC project?