

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPRT TO: Joint Health Oversight and Scrutiny Committee
FROM: Simon Barton; UHL Deputy CEO and Programme SRO
DATE: 6 February 2023
SUBJECT: Reconfiguration Programme Update

Progress to date

1. Interim Reconfiguration

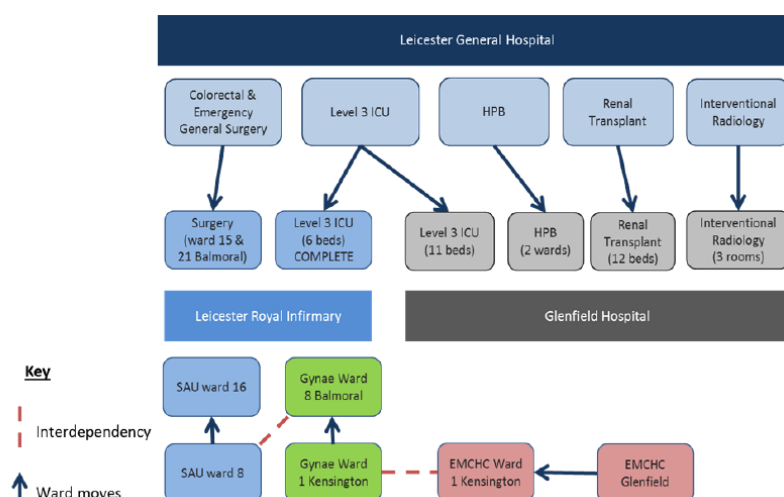
1.1. In August 2022 we completed the interim reconfiguration project which brings Level 3 critical care off the LGH and moves the associated surgical services between the sites. This programme of moves was discussed in detail at the JHOSC in October 2018, when the capital funding was announced by the Department of Health.

1.2. The need to undertake this project as a critical necessity had been socialised with the HOSC since 2015. There had become an increasing risk of clinical sustainability on the intensive care unit at the LGH , as follows:

- Reduced opportunities for critical care staff to gain adequate experience had been affected by a reduction of Level 3 patients at LGH;
- Changes in the structure of medical training had led to the removal of training designation status at the LGH unit and therefore the ability to place trainees at LGH;
- Retirement of experienced consultant staff with recruitment to substantive posts at LGH failing repeatedly as posts became unattractive owing to the loss of training designation and the reduction in patient acuity;
- National shortage of experienced critical care nursing and medical staff compounding recruitment problems.

1.3. In addition to ensuring long term clinical sustainability from a staffing perspective, the project aimed to increase the efficiency and flow through the department, reduce elective cancellations, create a single site surgical take at the LRI and enhance Glenfield as a tertiary site with the addition of the hepatobiliary and transplant service moving there.

1.4. This was a complex set of moves as depicted below:



- 1.5. Unfortunately the pandemic hit in 2020 just as the moves were due to conclude. This delayed the moves, but the capacity created through the project was productively used to treat Covid patients in the interim, hence the conclusion of this project in Summer 2022.
- 1.6. Early clinical benefits have been realised, but a full review is underway, following a period of consolidation. These will be compared to the benefits identified in the original case and will be present back to the Regional NHSE team in Spring.

2. Elective Hub

- 2.1. UHL has one of the largest and longest waiting lists in the country with a stark difference in health outcomes between the most and least deprived areas in one of the most ethnically diverse cities in the UK. In order to mitigate this, we have been supported by NHSE to develop an Elective Hub on the LGH site. This development will offer additional ring-fenced capacity to protect elective care from emergency pressures; and will support the ongoing elective recovery and reduction in long waits. The hub brings with it the flexibility to adapt to the changing needs of the LLR population.
- 2.2. The project reflects a capital budget of c£41m; with the refurbishment of the Brandon Unit at the LGH, and two additional theatres being built alongside the unit. This will effectively strengthen the long-term use of the LGH. If we receive the capital for the main reconfiguration programme as planned, the LGH will be re-purposed to provide lower acuity health services: the Diabetes Centre of Excellence, Outpatients, Imaging and the Diagnostic Hub. The Elective Hub will sit alongside these latter services to provide a more comprehensive offer to patients in the locality.
- 2.3. We are being supported by NHSE to progress at pace; owing to the need to reduce our waiting lists. We have received capital to start the theatre development and early works in the Brandon Unit, such as energy and infrastructure, the soft strip and new roof and windows. The outline business case was approved by the ICB Board in January, and has been submitted for approval by the National Joint Investment Committee at the end of January 2023.
- 2.4. We are now undertaking detailed internal design of the building with a view to submitting the full business case for National approval in April.
- 2.5. The theatres will be the first phase to open in May 2023. Activity will be limited in the first year since only one theatre will be operational; the second theatre will act as the recovery area; but will treat an additional 1479 patients from the waiting list in the first year (2023/24).
- 2.6. The full development is due to open in October 2024.

3. Main Reconfiguration Programme

- 3.1. The UHL Reconfiguration Programme now sits within the delivery of a national programme of hospital developments, called the New Hospital Programme (NHP). This constitutes 48 hospital developments in five cohorts. Cohort 1 are already in construction, and cohort 2 are agile small hospitals that are being expedited. UHL sit in Cohort 3 as one of eight new hospital developments. It is cohort 3 hospitals that are expected to start to deliver a standardised building approach, such as net zero carbon, a digital hospital, optimum space

standards e.g. generic rooms and modern methods of construction. It is anticipated that savings can be achieved through this standardised approach, and construction times improved.

- 3.2. Work has been slowed down whilst the NHP develop these standards, and identify the additional cost to build the standardised hospital (called Hospital 2.0).
- 3.3. The NHP developed a Programmatic Business Case, which strengthened the case to Treasury in justifying the strategic, financial and economic rationale of the national hospital building programme and how the programme needed to organise itself and engage with the construction market to ensure delivery. This was first approved by the government's major projects review group (MPRG) in June 2022; but did not contain scheme specific detail on individual funding envelopes for cohort 3 and 4 developments.
- 3.4. The NHP then developed a further programme business case focusing on the cohort 3 and 4 schemes, the aim of which was to estimate the overall cost of delivering the programme and secure agreement to a programmatic approach to the design and delivery of all schemes to meet Hospital 2.0 standards. The updated programme business case was considered by the MPRG at its meeting on 6 December 2022. We understand that further work is required before the case to progress the programme is finally approved at the MPRG in March 2023; after which it is hoped that Ministers will approve the NHP telling trusts their capital envelope and delivery programme.
- 3.5. NHP will be sharing the first iteration of the requirements to deliver Hospital 2.0 in January; with 2 further versions later in 2023. Once we receive this, we can start to review how we optimise the Hospital 2.0 standards in our design brief.
- 3.6. Whilst we await the capital announcement, we are continuing to get ourselves into the best position from which to start design development. Recognising that it is two years since we started, we are:
 - Refreshing the activity model, which includes the bed bridge and planned efficiencies and transformation;
 - Confirming the operational working assumptions;
 - Reviewing the level and depth of transformation in the new buildings, including digital – which has shown there are a lot more work to do in this area;
 - Reviewing how we embed research and associated facilities within the new buildings with the University of Leicester and De Montfort University.

4. Enabling Works

- 4.1. We have submitted a request for fees to complete the outline business case for the enabling scheme in preparation for starting the LRI new build. This scheme relocates the occupants of the Knighton Street Campus, where we will develop our new maternity and ICU building. Planning permission to demolish the building will not be sought until the Outline Planning for the new build is submitted, which will be approximately a year after we receive confirmation of the capital funding.

4.2. We are expecting to hear that funding to progress the enabling scheme will be supported in early February.

5. Funding Envelope

5.1. The HOSC will recall that funding to progress with the LLR Reconfiguration Programme was confirmed in September 2019; following which a full public consultation process was undertaken in 2020.

5.2. At the time that funding was announced, £450m would have been sufficient to deliver the whole scheme. Since this time, there have been two pressures which have increased this cost of the scheme:

- The requirement to deliver a standardised scheme (Hospital 2.0) including net zero carbon;
- and inflation which has had a significant impact on the cost of the scheme.

5.3. The NHP are expecting that a programmatic approach to the delivery of new hospitals nationally will give financial benefits to offset some of the increased cost of meeting net zero carbon, a digital hospital etc.; and they have confirmed that the Treasury will manage inflation centrally.

5.4. Whilst we are committed to delivering the full extent of reconfiguration as per the consultation; we recognise that this may need to be reviewed in light of a reduced funding envelope. If this transpires, further engagement will be essential with our stakeholders.

Programme

5.5. This is a complex programme to deliver with a number of interdependent projects on both the LRI and GH. As such, once we are given approval to proceed, it will take eight years to complete, so at this stage we are looking at 2030 before the programme concludes.