

LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH
SCRUTINY COMMITTEE:
17 MARCH 2025

QUESTIONS ASKED UNDER STANDING ORDER 35

Questions asked by Cllr Bob Waterton:

1. In relation to the UHL hospital reconfiguration scheme (Our Future Hospitals), please could you tell me how much has been spent on the scheme so far by the Trust or by the local NHS? In particular, please could you also tell me how much has been spent on enabling costs?
2. Please could you tell me whether it is now likely that the scheme will be altered as a result of the delay in starting the building work and the inevitable increases in its costs?
3. Have there been any indications that private capital is being considered for the scheme?

Reply:

1. The Leicester scheme has expended £24m to date and £4.7 is attributable to enabling works.
2. There is always the potential that the needs of the local community and the Trusts clinical strategy may result in changes as a consequence of delay. However there are no immediate plans to change the Programme scope at this point in time.
3. No not at the moment. This will be directed centrally through the New Hospitals Programme (NHP).

Questions asked by Jean Burbridge:

1. Following the decision by the government to postpone the construction start of the planned local hospital reconfiguration scheme (now called Our Future Hospitals) has UHL made representations to the DHSC regarding the consequences of the delay for a) the state of the estate and b) the effect on the safe care of patients?
2. Will enabling works continue or are they being paused?
3. Will the design and planning teams for the local scheme be stood down / mothballed or are they able to continue their work?

Reply:

1. There has been no formal representation to DHSC at this point.

With regards to the impact on the estate NHP have requested information regarding the impact of delay.

With regards to the clinical impact the Trust has embarked on a piece of work to review and understand current risk mitigations and the ability to continue to manage those in the longer term.

2. All works are paused until 2028 unless New Hospital Programme inform us otherwise.
3. There will be a small team retained to deliver on-going capital works that are funded through alternative capital routes.

Questions asked by Mr Godfrey Jennings:

1. With regard to the Our Future Hospitals scheme, has UHL conducted an analysis of the possible dangers to the safe treatment of patients between now and the expected start date for construction? Is this analysis in the public domain and please could a copy be provided?
2. When was the most recent Six Facet Survey conducted on the UHL estate and is it in the public domain?
3. What are the main pressure points in the hospital estate which are likely to disrupt the safe and timely care and treatment of patients?
4. Has the Trust estimated the likely cost of addressing these pressure points to ensure care and treatment of patients can continue safely? If so, what is this cost?

Reply by the Chairman:

1. With regards to the clinical impact the Trust has embarked on a piece of work to review and understand current risk mitigations and the ability to continue to manage those in the longer term. This is not currently available for release, as it is an ongoing piece of work.
2. The most recent facet survey was undertaken in 2024 and covered three facets; Physical Condition, Statutory Requirements and Environmental Management. The most recent full six-facet survey prior to this was completed in 2017. The data is published via the Estates Return Information Collection by NHS England each year.

3. The biggest estate risks which the Trust carries are around the ageing condition of critical infrastructure. For example, site-wide electrical services and ventilation plant which are significantly beyond their service-life and don't provide adequate resilience in the event of a break-down. Beyond this, the estate is also very inefficient with limited investment available for fabric improvements to drive down the cost of operating the estate and reducing carbon emissions.
4. The cost of mitigating these risks is represented through the Trusts backlog value; which currently totals £125.7m; of which around £37m would be addressed through the Our Future Hospitals Programme. This cost is the material cost only, so actual rectification costs would be circa 300% of this value.

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**LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT
HEALTH SCRUTINY COMMITTEE –
MONDAY 17 MARCH 2025**

**QUESTIONS SUBMITTED UNDER STANDING ORDER 7(3) and
(5)**

The following questions are to be put to the Chairman of the Joint Health Scrutiny Committee.

Question by Cllr. Ramsay Ross:

Staff Vaccination Policy and Absence

In early January 2025 it was reported in the media, that the take-up of the flu vaccine amongst NHS staff in England was less than 30%.

Clearly such a level of take-up will have an impact upon staff absence levels, the requirement for agency staff recruitment and potentially, the welfare of patients.

My questions are:

- a) What has the current take-up been in 2024/25 within the ICB/UHL?
- b) What changes, if any, have been made over the past 2 years to increase staff take-up?
- c) What is the ICB / UHL policy for its employees?
- d) What is the ICB/UHL policy for patient-facing agency staff

Reply by the Chairman:

I have received the following information in answer to the questions:

- a) LLR ICB – Due to how the NHS Federated Data Platform (FDP) data is provided by NHS England we are unable to get specific staff flu vaccine uptake data for LLR ICB staff. We can however report that in LLR as a whole system (ICB, UHL and LPT), frontline staff (clinical and non-clinical) flu uptake based on electronic staff records (ESR) in Autumn/Winter 2024/25 is 38%.

UHL – (based on NHSE FDP data) flu vaccine uptake in A/W 2024/25 is 36.1%.

LPT – (based on NHSE FDP data) flu vaccine uptake in A/W 2024/25 is 43%

By comparison the midlands staff flu uptake level is 38.5% and national staff uptake level is 40.9%.

- b) Within LLR each organisation has done a lot of work to encourage staff vaccine uptake. Each year ahead of the Autumn / Winter vaccine roll out the previous year's performance is evaluated, and staff feedback is taken into account as part of developing the upcoming staff vaccine campaign.

Staff are kept informed about vaccinations via an internal campaign that is developed and led by each organisation which includes extensive internal comms, senior and clinical leaders telling their stories and doing proactive staff engagement. There has also been the additional offer of roving clinics and promotion of the extensive range of community locations too.

The LLR ICB also supports the two trusts in LLR to share further messages out to staff including on site vaccination opportunities at County Hall which is made available via the Roving Healthcare Unit (RHU). The RHU operates as a walk-in vaccine clinic and is open to all NHS and LA staff that are either based at County Hall or that are able to attend the site.

All LLR ICB staff are also regularly informed about all locations and ways they can obtain their flu vaccine outside the workplace. It is important to note that some staff do have their flu vaccine in community settings such as at their local pharmacy which will not be recorded onto their staff record.

UHL and LPT offer vaccines through roving clinics across our sites, attending large face-to-face events and meetings, including inductions, and asking staff groups to invite us to do local vaccination clinics. LPT has an extensive peer vaccinator network and a small group of dedicated vaccination staff and UHL has delivered a communications campaign to increase uptake and has carried out roving and pop-up vaccination clinic across its sites carried out by peer vaccinators and a dedicated vaccination team.

This data is correct as of cop Wednesday 12 March 2025.

- (c) All LLR ICB colleagues are offered the flu vaccine.

All frontline health care workers at LPT and UHL (permanent, bank and agency), including both clinical and non-clinical staff who have contact

with patients, are offered - and encouraged to take up the flu vaccine in line with UK government/JCVI recommendations. This offer remains open until the end of March 2025. The staff vaccination policy supports the system to ensure we have safe services with regards to infection prevention control and minimising staff sickness.

- d) All LLR ICB employees are offered and encouraged to take up the flu vaccine, including all patient-facing agency staff

All frontline health care workers at LPT and UHL (permanent, bank and agency), including both clinical and non-clinical staff who have contact with patients, are offered - and encouraged to take up - the flu vaccine in line with UK government/JCVI recommendations. This offer remains open until the end of March 2025.

Question by Cllr. Ramsay Ross:

I requested, prior to this meeting, that the JCRUP (Joint Capital Resource Use Plan) for 2025/26 be included in the document pack for Committee Members, but this has not been forthcoming.

Can you please explain:

- (i) The current approval status of the document.
- (ii) When it is required to be submitted to Govt in its completed form.
- (iii) When the document will be made public, or in the event that the document is not to be made public by the ICB, will provision be made for this Committee to have early sight of the document?

Reply by the Chairman:

- (i) The current document is in draft format and is currently being reviewed.
- (ii) It is due to be submitted as part of overall system operational planning over the coming weeks and due to be finalised end of April.
- (iii) The document will be made public once approved through the public Board post April sign off and before the 30th June deadline.

Please see previous years ICB Joint Capital Plan which is on the website: <https://leicesterleicestershireandrutland.icb.nhs.uk/publications/>

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