

**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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