UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME HELD ON THURSDAY 4 MARCH 2021 AT 2.00PM

Voting Members Present:
Mr K Singh – Trust Chairman
Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair
Professor P Baker – Non-Executive Director
Ms R Brown – Acting Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
Mr S Lazarus – Chief Financial Officer
Ms D Mitchell – Acting Chief Operating Officer
Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

In Attendance:
Ms G Belton – Corporate and Committee Services Officer
Mr N Bond – Deputy Director of Estates and Facilities (for Minute 93/21/5)
Mr A Carruthers – Chief Information Officer
Ms K Gillatt – Associate Non-Executive Director
Mr D Kerr – Director of Estates and Facilities
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 97/21)
Mr I Orrell – Associate Non-Executive Director
Ms N Topham – Reconfiguration Programme Director
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications
Ms H Wyton –Chief People Officer

ACTION

89/21 APOLOGIES

Resolved – that there were no apologies for absence.

90/21 DECLARATIONS OF INTEREST

Mr A Johnson, Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present**.**

Resolved – that the above declarations of interest be noted.

91/21 MINUTES

Resolved – that it be noted that the Minutes of the public Trust Board Reconfiguration Programme meeting held on 4 February 2021 would be submitted to the 1 April 2021 public Reconfiguration Programme Trust Board meeting for approval. **CCSO**

92/21 MATTERS ARISING

Paper A detailed progress in respect of actions agreed at previous meetings of the Trust Board Reconfiguration Programme, the contents of which were received and noted. In respect of Minute 215/20/3 of 1 October 2020 (re Reconfiguration Programme Governance), the Trust Chair noted that he had a phone call scheduled for 10 March 2021 to discuss relevant issues. Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair requested the involvement of Healthwatch, where appropriate, in order to ensure that the patient perspective was part of the process. In

response, the Director of Estates and Facilities confirmed that work was currently on-going in order to embed patient involvement through every layer of the process.

Resolved – that the contents of this report be received and noted.

93/21 KEY ISSUES FOR DISCUSSION/DECISION

93/21/1 Chairman's Briefing Note on the Reconfiguration Programme – February 2021

The Chairman reported verbally, making note of the specific matters for discussion on today's agenda, and made particular reference to the agenda item relating to the development of Clinical Education and Training Capacity.

Resolved – that the contents of this report be received and noted.

93/21/2 Reconfiguration Programme – Update

Paper C, as presented by the Reconfiguration Programme Director, provided the Trust Board with an update on progress since the last meeting and specifically detailed information in respect of the following: the Decision-Making Business Case (DMBC), New Hospital Programme (NHP) Regulator Engagement, progress with approval of the submitted business cases and information in relation to governance and reporting.

The Commissioning Support Unit was now in the process of analysing the feedback from the public consultation and populating the report of findings, which was a complex and detailed process. Once completed, the DMBC would then combine the views expressed in the consultation with the clinical endorsements from UHL to provide the CCG Governing Body with the assurance that all of the recommendations in the DMBC were clinically supported by the Trust.

An in-depth technical and design review had commenced on the eight front runner projects, of which UHL was one, led by technical consultants Mott McDonald, supported by architects BDP and health planners Archus. The review programme and structure were detailed within the body of paper C and note was made that UHL would be the last Trust to be reviewed. Whilst the request for information process had commenced and the team were collating in-depth information, the final follow-on session would not conclude until the week commencing 17 May 2021, when the end point review for the whole process would conclude. The implication of the timing of this review was that the Trust had been advised not to start the Outline Business Case (OBC) development at pace until the Trust and the NHP were assured that there would be no abortive design costs. The assumption was therefore that OBC development would commence at the beginning of June, which represented a three month delay to the current programme, albeit this did not necessarily mean a delay to the end point of the programme; it was hoped that the standardisation approach would reduce the overall time needed to develop the OBC. The Reconfiguration Programme Committee had approved the Change Control request, recognising that it may change again depending on the New Hospital Programme. Details of the impact of the delay were documented within the report.

Based on the direction from NHSE&I, the UHL team had agreed jointly with BDP to develop only 'non-abortive' works and design elements (i.e. design work that the central team would regard as 'unique' to the UHL programme, as opposed to design work that might be repeated across a number of other Front Runner Trust programmes). UHL awaited definition as to the precise nature of which elements would be designed 'centrally' and applied across the programme, as opposed to unique elements which were bespoke to the UHL Reconfiguration Programme. A number of packages of work activity had been agreed with BDP covering both the LRI and Glenfield sites, as further detailed within the report presented.

Following detailed feedback to the NHP on some outstanding queries, the Trust continued to await confirmation of approval for the Programme Management Office (PMO) which would latterly provide training and education capacity at Glenfield Hospital.

The Decontamination Case (£8.9m) was due to be approved at the Joint Sub Investment Committee following receipt of full planning permission, however notification had been received that the Decontamination planning application had been deferred again and would now be presented to the Planning Committee on 10 March 2021. The Trust was waiting to hear from

NHSE/I colleagues when the case could be presented to the Joint Sub Investment Committee, as the case could not be placed on the agenda until planning approval had been received.

Following presentation of the report, particular discussion took place as follows:-

(i) Mr B Patel, Non-Executive Director, queried the level of confidence in the technical and design review running to schedule, given that UHL was the final Trust to be reviewed – the Reconfiguration Programme Director advised that there may have already been some slippage on the timescale although this was unconfirmed at present. She further noted the potential impact of such slippage in terms of inflation and the need to be clear at the Centre of the implications of any slippage;

(ii) Mr A Johnson, Non-Executive Director:-

(a) queried any potential changes to the funding allocated to the Trust (i.e. £450m) as a result of the national approach – in response, the Reconfiguration Programme Director advised that there had been no indication of any changes to the funding regime and she emphasised the need for the Trust to demonstrate how lean its project was already and stress test some of the issues. UHL had been positioned at the end of the review intentionally given its demonstration of 'leanness' and had offered its services to Mott McDonald to act as a trail blazer and pathfinder; a proposal to which they had been receptive;

(b) emphasised the need to ensure that the Trust maximised service reformation with the funding it had available and queried whether the Trust could increase the number of services it was modernising and whether it had a 'back-up' list of services or whether it was at too late a stage in the process for such – in response, the Reconfiguration Programme Director advised that development of 'back-up' services would be interesting as the current scope was quite tight;

(c) (in relation to issues of governance and resources) queried an explanation of NED oversight – in response, the Director of Estates and Facilities noted the intention to return to this point following review, noting that this aspect would form part of the discussions taking place. The Director of Estates and Facilities confirmed that full Trust Board oversight of the UHL Reconfiguration Programme, as was the case in UHL, provided a higher level of overview than that for most other schemes. Mr A Johnson, Non-Executive Director highlighted that he was anxious to 'define what we do and do what we define'.

In concluding discussion on this item, the Trust Board:-

(1) noted the current position with the development of the National Hospital Programme and the uncertainty on timings for defining the requirements for the priority areas;

(2) noted the Change Control reflecting a likely 3 month delay to the commencement of the OBC and

(3) noted the continued delay to the approval of both the PMO Office Business Case and the Decontamination Business Case.

Resolved – that the contents of this report be received and noted.

93/21/3 Developing Clinical Education and Training Capacity

In response to a previous request from the Trust Board (Minute 222/20 of 1 October 2020), the Medical Director presented paper D, which provided details of the clinical education (medical) and training (UHL non-medical / non-nursing) facilities that were being provided in the early stages of the Reconfiguration Programme and provided details of the background to this work; namely the recognition of the need to improve provision, as escalated to Boards over a number of years; further details relating to which were as outlined within the report. The report described the two services of (1) the Medical Education Facilities Strategy, which supported medical education and (2) the UHL Learning and Development Strategy, which supported all other disciplines of the clinical and non-clinical UHL workforce. The report excluded nursing education, which was covered by a separate strategy. The report reflected the accommodation to be provided at the Glenfield Hospital once the PMO Office was no longer needed (business case approved by the Trust Board in September 2020); and the early works being undertaken at the LRI as part of the enabling project. This Business Case would be presented for approval in early Summer 2021.

In presenting this report, the Medical Director noted that the Trust was closely linked with the University of Leicester and had a significant training and education role; with an increased

number of trainees coming through. Whilst funding was not explicitly given for the development of training, the Trust did receive explicit training monies for training and education. The Medical Director noted that, within the context of reconfiguration, there were three separate phases:-

(1) Phase 1 - the Trust's plans in terms of enabling works – some facilities would be lost and consideration was required in terms of how these would be re-provided;
(2) Phase 2 – the identification of further opportunities to use any vacated buildings as services moved around, and
(3) Phase 3 – how the Trust used training and education monies in the future to develop an on-going programme of capital resources for education and training.

The Medical Director noted that, in relation to the LRI site, the Victoria Building (a listed building) was the preferred site for training and education facilities for post-graduates and under-graduates within two ward footprints of the building (with the Odames Library having been developed within the same type of footprint). For the Glenfield Hospital site, it was intended that the Project Management Office (PMO), once no longer required, would ultimately house multi-disciplinary training and education facilities, further details relating to which were as documented within the report.

In discussion on this item:-

(i) Professor P Baker, Non-Executive Director, noted the helpfulness of this presentation;

(ii) Col (Ret'd) I Crowe, Non-Executive Director, noted his contentment with the report and the value of paying attention to this matter, however he expressed unease at the current lack of clarity on the funding for training and education, noting that he would wish to receive further clarity in terms of the funding received along with an explanation of how this funding was utilised – in response, the Medical Director confirmed that this information was available and it was agreed that a report containing the information requested would be submitted to a future meeting of the People, Process and Performance Committee. It was agreed that the specific content of the report and the specific staff members to contribute to the report would be discussed further, outwith the meeting, by the Medical Director and Col (Ret'd) I Crowe, Non-Executive Director and PPPC Chair; **MD/ PPPC Chair**

(iii) in relation to discussion regarding SIFT funding under point (ii) above, Professor Baker, Non-Executive Director, noted that NIHR did ring fence research monies and required that these were measured differently. As he considered it only a matter of time until the same exercise was employed in terms of educational funding, Professor Baker considered it preferable for the Trust to pro-actively commence such a process, particularly in light of the doubling of medical student placements and the increasing related accountability arising from that. Professor Baker also made note of the importance of inter-disciplinary education, noting an innovative report from Professor S Carr on this subject. He further noted that the investment under discussion was modest, in terms of the scale of endeavour, and was required by the trainees going forward. He noted that this was a useful first step for the immediate issues and that any concerns arising could be addressed as long as this item remained under discussion on the agenda;

(iv) Mr A Johnson, Non-Executive Director, noted that he was fully in support of further developing the training and education provision, noting that this was another front door to the Trust. He expressed wariness at splitting the facility at the Glenfield Hospital, although understood why there might have to be compromises. He further noted that the ideal scenario would be to have revenue costs lower than currently to justify this and queried the potential to reduce the cost of operating;

(v) the Director of Strategy and Communications noted the benefit in beginning a dialogue with Leicestershire Partnership NHS Trust and Primary Care colleagues now regarding future plans for training and education. The Medical Director made reference to a recent meeting held with Mr D Sissling, Independent Chair of the LLR Integrated Care System (ICS) during which they had discussed this as a key plank to the ICS, but also noted the need to have a physical presence. Ms V Bailey, Non-Executive Director, endorsed the point expressed by the Director of Strategy and Communications noting the risk and strategic elements to consider in terms of sharing buildings in 1-2 years' time, emphasising the need to express any immediate issues now. The Trust Chairman also noted the need to play in the Social Care Voluntary Sector (in ICS terms), noting the question of the public pound and how this was used to best effect. The Director of Estates and Facilities made note of work his directorate were supporting at system-level around an integrated estates strategy

and one public estate issue, and

(vi) it was agreed that a further update on progress would be submitted to a future meeting, as appropriate. **MD**

Resolved – that (A) the contents of this report be received and noted,

(B) the Medical Director be requested to submit a report to a future meeting of the People, Process and Performance Committee re the monies received for Training and Education with an explanation of how this funding was utilised (discussion on the specific content and the specific staff members to contribute to the report to be discussed further outwith the meeting between the PPPC Chair and the Medical Director ahead of submission of this report to PPPC), and **MD**

(C) the Medical Director be requested to submit a further update on progress in relation to developing clinical education and training capacity at a future Reconfiguration Programme Trust Board meeting, as appropriate. **MD**

93/21/4 Reconfiguration Programme – Modern Methods of Construction (MMC) and the Construction Playbook

The Director of Estates and Facilities presented paper E, which provided a briefing on what 'Modern Methods of Construction' (MMC) actually meant and how this might be applied to the Reconfiguration Programme. The report also included a review of the new Cabinet Office 'Construction Playbook'. It was noted that the Trust was awaiting confirmation from the New Hospitals Programme on the extent to which it would be able to deliver MMC and the Reconfiguration Programme Trust Board were requested to note the content of this report and the fact that further updates on how the programme planned to embrace the MMC agenda would be provided at a future date.

In presenting this report, the Director of Estates and Facilities highlighted that it was implicit within the NHS E/I Collaboration Agreement that modern methods of construction would be adopted, with the ideal scenario being 75% adoption of MMC with repeatable standardised rooms. The key elements to this comprised a shorter programme, reduced costs and higher quality. He further advised that the Construction Playbook was a Cabinet programme and was a very clear statement of policy. The Trust was keen to utilise all it could in terms of social values and wished to bring all of its patients and the public along on its journey over the next few years.

In discussion on this item:-

(i) the Director of Strategy and Communications noted his interest in the off-site elements (of MMC) and what that meant for future maintenance and repair costs. He also queried how resilient the buildings would be in 10 years' time, in terms of the expectations regarding their long-term repair and maintenance and what their appearance would be like in 10-15 years – in response, the Director of Estates and Facilities made reference to the great advances in pre-fabricated buildings, noting that the modular wards at the LRI did not look pre-fabricated and he noted the tendency to over-engineer buildings in the past. He confirmed that there would be no reduction in the life cycle of the building (from use of MMC);

(ii) Mr A Johnson, Non-Executive Director noted that many hotels were built using MMC and, due to the nature of their business, needed to attract people to stay in them. He also highlighted a request that all waste water and sewage was routed to the outside of the building, and

(iii) the Director of Estates and Facilities noted the intention to return to a discussion on social values once further clarification had been received from the Centre, as the issue of social values was seen as a significant part of the Reconfiguration Programme.

The contents of this report were received and noted.

Resolved – that the contents of this report be received and noted.

93/21/5 Travel Planning Support and Development and Presentation on the Travel Action Plan

Further to Minute 58/21/3 of the Reconfiguration Programme Trust Board meeting held on 4

February 2021, Mr N Bond, Deputy Director of Estates and Facilities attended to present papers F1 (Travel Planning Support and Development update report) and paper F2 (Travel Action Plan [TAP] for UHL).

In reference to paper F1, progress to date included completion of the Travel Action Plan for Phase 3 with work progressing at pace on Phase 4 of the project, which involved a priority list of alternative travel options and then delivery of those priorities. Go Travel Solutions and the Travelwise Manager had met directly with various Council representatives (Leicester City Council, Leicestershire County Council and Rutland County Council) for both overarching meetings and specific meetings relating to bus and cycle developments in the City and partnership working (e.g. with Leicestershire County Council in respect of County Hall and Glenfield Hospital). The Trust Board was requested to provide senior level support to prioritising sustainable travel for staff, patients and visitors (where appropriate) and to provide a clear route for the submission of proposals (both policy and monetary) to ensure that partnerships could be given a very clear message (i.e. that the Trust was in support of sustainable travel options). The Trust would benefit from promoting and providing a range of travel choices for strategic reasons relating to carbon emissions, well-being and equality, diversity and inclusion. Prioritising and providing for just car travel was not sustainable and did not support these strategic ambitions. In addition to this support, the report also noted that the Trust would require finance to facilitate changes in travel options and help maximise support from its partners.

Paper F2 detailed a presentation relating to the Travel Action Plan (TAP) as at 4 March 2021, which had been developed in partnership between UHL and Go Travel Solutions with internal and external stakeholders. It included information relating to (1) the reasons to invest in a Travel Action Plan (2) the component parts of a TAP (3) the Travel Planning Approach (4) successes to date (5) planned public transport links to UHL sites (6) priorities going forward and (7) details of how the Trust could maximise the benefit of the TAP. In presenting this report, the Deputy Director of Estates and Facilities also noted that people made choices (about their care / about their workplace etc.) based upon their ability to access a site. He further noted that funding would be covered by the related business cases going forward, however sought Board support for the direction of travel proposed.

In discussion on this item:-

(i) the Chief People Officer expressed her support for the plan; noting the benefits for staff and her view that the more that could be done, the better (e.g. salary sacrifice schemes for bikes etc.);
(ii) the Trust Chairman made note of the benefits for patients and their families in terms of accessibility to the Trust's sites;
(iii) the Director of Estates and Facilities noted the use of Automatic Number Plate Recognition (ANPR) and other technology to improve flow and he also made note of the challenges faced by the team who were undertaking an excellent job supported by the work of Go Travel. These points were supported by the Director of Strategy and Communications, who made note of the tendency to focus on clinical moves, however people reacted to such moves in terms of what it meant to them. He made note of the skill of colleagues and praised the team and all involved for their efforts;
(iv) Mr B Patel, Non-Executive Director, highlighted the importance of the Local Authority being committed to the programme, citing a previous example from which learning could take place, and
(v) the Director of Estates and Facilities made note of a very positive recent meeting held with the Leicester City Council Mayor's Office relating to sustainability and heritage, and reported that they were very supportive of an integrated approach.

In conclusion, the Trust Chairman noted the Trust Board's enthusiastic endorsement of the Plan and welcomed the opportunity to work with the Local Authorities and other planners. He requested that the Director of Estates and Facilities submit regular updates to the Reconfiguration Programme Trust Board on this matter to include milestones and achievements.

<u>Resolved</u> – that (A) the contents of papers F1 and F2 be received and noted and the direction of travel be supported, and

(B) the Director of Estates and Facilities be requested to submit regular updates to the Reconfiguration Programme Trust Board on this matter to include milestones and achievements. **DEF**

93/21/6 Children's Hospital Reconfiguration: Phase 1 Re-Location of EMCHC Services

The Director of Strategy and Communications presented paper G, which provided the latest update on the Phase 1 re-location of the Children's Congenital Heart Service and noted that there had a been a slight delay due to Covid-19, with the service now planned to move in early May 2021. The Director of Strategy also presented a video, which featured progress in the build to-date, and he specifically highlighted the stamina and persistence of everyone involved to see this project through, firstly, from the campaign to keep the service over ten years ago, followed by the plans to build and expand. The clinical team had continued to provide their support and the service was now only ten weeks away from being established in its new home. Eventually, the Trust would have the first standalone Children's Hospital in the East Midlands.

In discussion on this matter:-

(i) in relation to the communications regarding the opening of the service, Mr B Patel, Non-Executive Director, noted the need to ensure inclusion on the communications list of everyone who had supported this project over the years. In response, the Director of Strategy and Communications acknowledged the strong stakeholder, staff and political support for the project. He specifically made reference to two colleagues, close to and very instrumental in the project. who had sadly passed away during its progression and advised of the intention to identify a fitting way of marking their contribution at the Opening, and

(ii) the Acting Chief Executive Officer noted that she had visited the new EMCHC in the previous week and advised of the contribution to the project of Leicester Hospitals Charity who had helped provide elements over and above those that could be provided within the Scheme. She also noted the need for a celebration of its opening, acknowledging that so many people had supported its fruition.

Resolved – that the contents of this report be received and noted.

93/21/7 Reconfiguration Programme Expenditure

The Reconfiguration Programme Director presented paper H, which updated the Reconfiguration Programme Trust Board on the financial position in relation to the Reconfiguration Programme together with an update on 2020/21 Reconfiguration Capital Spend against the Trust's annual Capital Plan.

The approved financial envelope of the Reconfiguration Programme was £460m including Public Dividend Capital (PDC) of £450m, Donations of £3m and CDEL of £7m. As at January 2021, year to date spend was £14.5m which was £29m underspent due to slippage in the Reconfiguration Programme where the plan assumed an August OBC start together with underspend within the EMCHC and the Interim ICU Schemes. There was a Forecast spend of £23.6m, which was £30.4m less than Plan with £25.1m driven by the re-phasing of the PDC drawdown to reflect the current Reconfiguration Programme and slippage in ICU. This required £3.5m PDC drawdown in the year which had been approved. The Trust Board was requested to note the Month 10 spend for the 2020/21 Financial Year.

Mr A Johnson, Non-Executive Director, noted that it was important to understand expenditure by phased completion, rather than expenditure by time; given that the latter metric was always likely to be affected by slippage. Accordingly, the Reconfiguration Programme Director was requested to take this into consideration in the presentation of future reports. **RPD**

Resolved – that (A) the contents of this report be received and noted and

(B) the Reconfiguration Programme Director be requested to take into consideration, within future reports, the presentation of expenditure by phased completion, rather than expenditure by time. **RPD**

93/21/8 Public Risk Update

The Reconfiguration Programme Director presented paper I, which provided a risk update on the Reconfiguration Programme. She noted that there were no new risks or updated scores to those previously reported and that the report was therefore presented for the purpose of assurance.

In relation to a question raised at the previous meeting (Minute 58/21/3 of 4 February 2021) in relation to risk 16, the Director of Estates and Facilities confirmed that this was embedded at individual project level.

Resolved – that (A) the contents of this report be received and noted, and

(B) the verbal confirmation provided in relation to risk 16 be noted.

94/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

94/21/1 Questions from the public for business transacted at the 4 March 2021 RPTB Meeting

There were two questions raised by a member of the public for a response at today's meeting. The specific questions posed and the responses provided were as detailed below:-

Questions from Ms S Ruane:-

Question 1: - Are you able to tell me how you think the design of hospital facilities, from a pandemic-readiness point of view, will be different from those originally envisaged before the pandemic? I appreciate this is being guided by national requirements and that these may be evolving.

The Director of Estates and Facilities responded as follows: -

Following our experience of the pandemic, we are working with the National New Hospital Programme who will be developing a standard approach across the new hospitals. This is a work in progress.

Whilst we await the outcome of this centralised review, we have undertaken a comprehensive review of our original plans with our Infection Prevention colleagues, and have increased the number of single rooms we are proposing to provide on each of our new build wards. Pre-pandemic we were planning to provide 30% single rooms on a standard new build ward; we now plan to provide 71% single rooms – of which 2 will be full isolation rooms with gowning lobbies and positive and negative pressure. This means that on a 28 bedded ward we propose to provide 20 single rooms with 8 beds in two 4-bedded bays.

On our new SUPER ICU, pre-pandemic we were proposing to provide 50% single rooms of which two were isolation rooms. We are now proposing to provide 50% isolation rooms (with full gowning lobbies etc). The remaining beds will be provided in 6 bed pods, with each bed separated by a screen to ensure staff do not actively move between patients.

Question 2: - Please could you tell me what the impact of UHL's apparent financial irregularities and the current investigation into them will be on the capital investment programme?

The Director of Estates and Facilities responded as follows: -

Our discussions with NHSE/I have indicated that the current Trust financial position will not have an impact on our capital programme and plans.

Resolved – that the above-referenced questions and responses be received and noted.

94/21/2 Questions from the public for business transacted at the 4 February 2021 RPTB Meeting

Paper J detailed a question submitted just after the deadline for receipt of questions for the February 2021 public Reconfiguration Programme Trust Board meeting. The question raised and the Trust's response was provided in paper J for noting, as replicated below:-

My question refers to Maternity Reconfiguration. In reply to a question by a member of the public at the 16th December 2020: City Health & Wellbeing Scrutiny Commission UHL stated the following:

"If the consultation shows that there is support for the Midwifery Led Unit at Leicester General Hospital then we are fully committed to developing this service and making it work, as we believe that it is a good option for mums. If the proposal is implemented and the centre is open, a review body would be established comprising of midwifes, parents and other stakeholders who will co- produce the service with UHL."

Can you explain what criteria will be used:

a) to show that there is support for closure of the Birth Centre at St. Mary's, Melton Mowbray?

b) to show support for a Free Standing Midwifery Led Unit at Leicester General Hospital and

c) How will the parents and other stakeholders who will co-produce the service with UHL be selected? Also can you please define stakeholders and explain how the public will be involved in co-production.

Everything that people have shared with us during the 12 week consultation period, whether at events or through completed hard copy and online questionnaires and correspondence is now being independently analysed and evaluated by Midlands and Lancashire Commissioning Support Unit. The Report of Findings will outline the answers given to the specific questions asked during the consultation.

The final Consultation Report of Findings will be received by the Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland. The CCGs will take time to consider and understand the findings prior to final decisions being made on the proposals and the approval of a Decision Making Business Case.

The Decision Making Business Case will take account and respond to the feedback and issues raised in the Report of Findings. This will include a decision on the future location of the standalone Midwifery Led Unit which will be based on clinical safety, affordability, accessibility.

The three CCG governing bodies will make their decision based on the Report of Findings in a public meeting. We will announce the date of this meeting as soon as practically possible. The papers for this meeting will be publicly available and the meeting date will be promoted so people have an opportunity to attend and hear the discussions. All decisions taken will also be made public after the governing board meetings.

If the consultation shows through the Report of Findings support for a standalone Midwifery Led Unit at Leicester General Hospital and the proposal is implemented and the centre is open, a review body would be established comprising of midwifes, parents and other stakeholders who will co-produce the service with UHL. At this early stage the full details of recruitment to this group and their Terms of Reference are yet to be defined and will take account of ideas shared during the consultation. However, we would expect stakeholders involved to comprise of people and organisations who represent the diverse socio-demographics of Leicester, Leicestershire and Rutland including the vulnerable and those with protected characteristics.

The end of the consultation and the approval of the Decision Making Business Case would mark the start of ongoing engagement with the public on the implementation of proposals.

Resolved - that the contents of paper J be received and noted.

95/21 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

96/21 DATE OF NEXT MEETING

Resolved – that the next public Trust Board Reconfiguration Programme meeting be held virtually on Thursday 1 April 2021 from 2pm.

97/21 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 98/21 – 103/21) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

98/21 DECLARATIONS OF INTEREST IN THE CONFIDENTIAL BUSINESS

Mr A Johnson, Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present**.**

Resolved – that the above declarations of interest be noted.

99/21 CONFIDENTIAL MINUTES

Resolved – that it be noted that the Minutes of the private Trust Board Reconfiguration Programme meeting held on 4 February 2021 would be submitted to the 1 April 2021 private Reconfiguration Programme Trust Board meeting for approval. **CCSO**

100/21 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

101/21 KEY ISSUES FOR DISCUSSION/DECISION

101/21/1 Confidential Report by the Director of Estates and Facilities and the Reconfiguration Programme Director

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

101/21/2 Confidential Report by the Director of Estates and Facilities and the Reconfiguration Programme Director

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

102/21 ANY OTHER BUSINESS

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

103/21 DATE OF NEXT MEETING

Resolved – that the next private Trust Board Reconfiguration Programme meeting be held on Thursday 1 April 2021 from 2pm.

The meeting closed at 4.47pm.

Gill Belton
Corporate and Committee Services Officer

Cumulative Record of Attendance (2020/21 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	21	21	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	21	21	100
V Bailey	21	20	95	S Lazarus	21	17	81
P Baker	21	21	100	D Mitchell	21	17	81
R Brown	21	20	95	B Patel	21	21	100
I Crowe	21	21	100	M Traynor (until 25.1.21)	17	15	82
C Fox	21	15	71	M Williams (from 2.9.20)	16	16	100
A Furlong	21	20	95				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	21	20	95	I Orrell (from 11.2.21)	1	1	100
K Gillatt (from 27.1.21)	4	3	75	S Ward	21	21	100
V Karavadra (until 31.12.20)	15	11	73	M Wightman	21	21	100
D Kerr	21	21	100	H Wyton	21	20	95
H Kotecha	18	17	94				