

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME
HELD ON THURSDAY 3 DECEMBER 2020 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
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
Mr S Lazarus – Interim 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 Traynor – Non-Executive Director
Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair (up to and including Minute 293/20)

In Attendance:

Ms G Belton – Corporate and Committee Services Officer
Mr A Carruthers – Chief Information Officer
Ms N Green – Deputy Chief Nurse (deputising for Ms C Fox, Chief Nurse)
Mr D Kerr – Director of Estates and Facilities
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 293/20)
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

286/20 APOLOGIES

An apology for absence was received from Ms C Fox, Chief Nurse.

Resolved – that this apology be noted.

287/20 DECLARATIONS OF INTEREST

The Chief Financial Officer and Mr A Johnson, Non-Executive Director, declared their respective interests as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd. Mr M Traynor, Non-Executive Director, declared his interest as Small Business Crown Representative with the Cabinet Office. With the agreement of the Trust Board, they remained present.

Resolved – that the above declarations of interest be noted.

288/20 MINUTES

Resolved – that the Minutes of the public Trust Board Reconfiguration Programme meeting held on 5 November 2020 (paper A refers) be confirmed as a correct record and signed by the Chairman accordingly.

Chairman

289/20 MATTERS ARISING

Paper B detailed progress in respect of actions agreed at previous meetings of the Trust Board Reconfiguration Programme, the contents of which were received and noted.

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

290/20 KEY ISSUES FOR DISCUSSION/DECISION

290/20/1 Chairman's Briefing Note on the Reconfiguration Programme – November 2020

The Chairman presented his briefing note (paper C refers), particularly highlighting that the formal consultation process in relation to the Reconfiguration Programme remained on-going and was now approaching the final three weeks.

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

290/20/2 Reconfiguration Programme Update (including the ICU and EMCHC Updates)

The Reconfiguration Programme Director presented paper D, which detailed an update on progress in relation to the Reconfiguration Programme since the last meeting. It highlighted key decisions required and issues arising and also reflected recent discussions at the Reconfiguration Programme Committee and Executive Strategy Board on 1 December 2020 including:-

- (1) public consultation – this was progressing at pace, with three weeks to go until the consultation closed on 21 December 2020. The midpoint review had taken place on 9 November 2020; the purpose of which had been to review what had worked well or not to-date and adjust the plan for the final period accordingly. After the consultation closed, the Commissioning Support Unit (CSU) would undertake a full analysis of all of the findings, after which a report would be presented to the CCG Board for consideration before it was combined with the Decision Making Business case. Once the consultation closed, the CSU would be in a clearer position to advise on likely timescales for this work, and this would be reported accordingly to the January 2021 Reconfiguration Programme Trust Board. The Director of Estates and Facilities noted that the leaflet drop had not been as successful as hoped due to issues with the distributor, and the CCG had provided assurances that this situation would be recovered. Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair concurred that few households had received the leaflet, which was of concern. Healthwatch would be holding their own event on 9 December 2020 which would cover the contents of the consultation itself, as well as views on how the consultation had been carried out. Note was also made of recent contact made with the Trust Chairman by the South Asian Health Assurance Group and Ms Kotecha confirmed that the CCG had commissioned a number of voluntary sector groups as part of the consultation process. The Director of Estates and Facilities confirmed that representatives from the Trust were supporting all events arranged as part of the consultation process. Ms Bailey, Non-Executive Director, queried whether, at the consultation events held thus far, respondents were raising issues relating to clinical models of care. In response, it was noted that whilst responses currently related primarily to the physical buildings, there was indirect discussion about models of care with the public (e.g. maternity services). The Director of Strategy and Communications noted that the Trust had always been keen to highlight that it wished to be large enough to cope with demand, but no larger than necessary. Specific note was also made of the extensive work undertaken to date re clinical models of care (e.g. splitting children's services from adult services, general surgery and the benefits of early in-reach and access to ED, as highlighted by the Director of Estates and Facilities and the Reconfiguration Programme Director);
- (2) progress with approvals of the submitted business cases – the Decontamination Business case had been due to be approved at the National Joint Investment Committee on 21 December 2020 following receipt of full planning permission on 30 November 2020. However, the Trust had recently been notified of a number of objections to the construction of the building at the Glenfield Hospital and the proposal therefore needed to be discussed at a formal Planning Committee before consent to proceed was given. It was therefore likely that the case would not be heard until January 2021 at the earliest, as the Planning Committees were not meeting as frequently as usual due to the current COVID-19 pandemic. The Trust had advised NHSE/I of this, since the business case would not be approved until planning permission had been confirmed. A further update on progress would be provided at the next meeting of the Reconfiguration Programme Trust Board. Col (Ret'd) Crowe, Non-Executive Director, queried any impact on patient care from this delay, in response to which the Reconfiguration Programme Director confirmed that there would be no resulting impact on patient care given the existence of

- an interim solution, which would remain on-going. The Director of Estates and Facilities advised that, whilst the Trust tried to anticipate any issues arising with planning, it was not possible to account for these fully until the scheme was submitted to residents locally. The Programme Office Business Case (£1.5m) was now due for approval at the Joint Investment Committee on 21 December 2020. All outstanding queries on this case had been resolved;
- (3) drawdown for 2021 for design fees – the Trust had drawn down capital for design fees in relation to OBC development, and the draw down had been revised to reflect the fact that the Trust could not undertake early engagement with the Tier 1 contractors until given permission to do so;
 - (4) procurement – following extensive procurement activities, Building Design Partnerships (BDP) had been appointed to deliver Architectural Services, Mechanical and Electrical (M&E) services and civil/structural services, as all ratified by the Trust Board on 12 November 2020 (Minute 264/20/3 of 12 November 2020 refers);
 - (5) travel planning support and development – Go Travel Solutions had been commissioned to work alongside the UHL Travelwise Manager to provide Travel Planning Support and Development covering the consultation phase of Building Better Hospitals for the Future and help develop long-term investment in sustainable travel for the Trust. Go Travel Solutions were a local specialist sustainable transport consultancy that had strong and strategic relationships with stakeholders in the City and beyond. These included the main local providers of transport services, transport infrastructure and major employers. There were a number of key actions in the next phase of work, as fully detailed within paper D;
 - (6) Interim ICU scheme and associated clinical services – the project was progressing well and was on track to commence the service moves in July 2021. In terms of construction, all schemes were now complete and some of the space was currently being utilised to assist in managing the COVID-19 pandemic. The final configuration of the theatre timetables had been signed off at the last Interim Reconfiguration Oversight Committee (IROC). A new risk had been identified in respect of out of hours cover for deteriorating patients on the LGH site following the interim moves. The risk was around 24/7 staffing of the Deteriorating Adult Response Team (DART) and the interaction of this team with medical registrar cover and staffing of the adult cardiac arrest team – work was ongoing with the ITAPS and ESM Clinical Management Groups to resolve this. The project was on track to deliver a project underspend and work was underway on the revenue costs approved in the business case as part of the 2021/22 planning process;
 - (7) move of the East Midlands Congenital Heart Centre – the construction of the new build was progressing well and was on course to be ready for the move of the EMCHC service in April 2021. The engagement process with staff had commenced and, whilst this was not a formal management of change, it was important that staff had the opportunity to provide feedback. Movement to the next stage of patient involvement and engagement was taking place which would help to inform the development of patient leaflets and Frequently Asked Questions (FAQs). The Leicester Children’s Hospital Appeal continued to receive donations and had received good media coverage over the last few weeks. Further details of progress with the EMCHC Project were as outlined in appendix 1 of paper D;
 - (8) Finance – the finance report was attached as appendix 2 to paper D. There was an overall funding element of £460m (comprising £450m capital allocated as part of the New Hospitals Programme from the NHS and £10m from additional sources of funding (charity and trust capital). As at the end of October 2020, the year to date spend was £12.3m, which was £11.1m underspent due to slippage in the Reconfiguration Programme where the plan assumed an August OBC start. There was a forecast spend of £31.9m, which was £22.9m less than Plan with £22.5m driven by the re-phasing of the PDC drawdown to reflect the current Reconfiguration Programme. The Chief Financial Officer advised that the Trust would not be at risk of losing the capital if not used, as this was a ring-fenced budget and the capital would be re-profiled into next year;
 - (9) Risk – the process for managing risk and the actual risk register had been discussed in detail at the last Reconfiguration Programme Trust Board (Minute 256/20/4 of 5 November 2020 refers) and had also been presented to the Audit Committee on 16 November 2020 (Minute 38/20/2 refers). There were no new risks to escalate and no changes to scores at this point in time. The risk register and update paper were attached as appendices 3 and 4 to paper D, and
 - (10) Governance and Reporting – the individual project highlight reports had been shared with the Reconfiguration Programme Committee and issues discussed.

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

291/20

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

There were two questions raised by members of the public. The specific questions posed and the response provided are as detailed below:-

Question 1 from Mr G Smith: - Is the Trust Board happy with the seemingly slow progress on the governance of the Reconfiguration Programme and might it consider taking a lead on this rather than waiting for the other HIP1 SROs?

In response, the Director of Estates and Facilities noted some potential confusion between the UHL governance and the HIP1 (Hospital Investment Programme) SROs, which were independent entities. The Trust was part of a HIP1 collaboration, set up by NHSE/I, in which there was a forum to discuss various aspects of the New Hospitals Schemes, along with the potential policy requirements from the Government. This had no bearing on the UHL governance structure and was used to help inform debate and approaches. The UHL Governance structure was now well socialised and followed best practice guidelines such as 'Managing Successful Programmes' and 'Prince 2'. It was built from bottom up, with the Individual Project Boards chaired by a Project Senior Responsible Owner (SRO), usually a Trust Executive Director or their Deputy, which reported into the Programme Committee chaired by the Programme SRO; Mr Kerr, Director of Estates and Facilities. In January 2021, it was intended to present a report on how to provide the Programme SRO, and subsequently the Trust Board, with assurance of robustness in content, control and delivery. This would take the form of a project stock take and more formal 'Gateway Reviews' throughout the Programme, which was a regulator recognised process by which the project was reviewed and risk of proceeding was assessed with recommendations made on any changes needed. The Trust Chairman highlighted the need to ensure that the Trust's Non-Executive Directors were able to bring in their expertise in an appropriate and helpful way, such that they did not become 'pseudo-Executive Directors' involved in the day to day running of the hospitals.

Question 2 from Ms G Foster:- The PCBC states on page 2 (and again on page 25) that the relocation of the intensive care unit from LGH to the GH was 'the subject of separate consultation'. Please can you tell me when that consultation took place as the reason for the delay in your plans occurred because of public anger that you and CCGs did not consult the public?

In response, the Director of Strategy and Communications responded to advise that in 2015, the Intensive Care Unit at the Leicester General Hospital had been in danger of 'falling over' with gaps in rotas and an inability to recruit. The identified solution was to expand and consolidate the service at the Glenfield Hospital, which was discussed with the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee who had concurred with the Trust that, in view of the circumstances described, there was not a need to enact public consultation. No capital was then released for two years, after which time period, the Trust was awarded the funding. A document was then released which criticised the plan and the Joint Health Overview and Scrutiny Committee called the Trust in to account for this. A series of meetings were then held, which set out the case and the risks involved. Consequently, and due to intense lobbying, the Trust had agreed to pause the business case. This pause delayed the business case for a period of 3 months before it was eventually signed off and the build was completed in July 2020, rather than April 2020 as had originally been intended. April 2020 coincided with the peak of wave 1 of the COVID-19 pandemic when the Trust ran out of ICU beds and had to use Children's Intensive Care beds, thereby temporarily moving the Children's Hearts service to Birmingham.

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

292/20

ANY OTHER BUSINESS

Christmas 2020

The Trust Chairman, on behalf of the Trust Board, extended his best wishes to everyone for Christmas.

Resolved – that (A) the above be noted and

- 293/20 (B) there were no further items of business.
DATE OF NEXT MEETING
- Resolved** – that the next public Trust Board Reconfiguration Programme meeting be held virtually on Thursday 7 January 2021 from 2pm.
- 294/20 **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 295/20 – 300/20) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
- 295/20 **DECLARATIONS OF INTEREST IN THE CONFIDENTIAL BUSINESS**
- The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective interests as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd. Mr M Traynor declared his interest as Small Business Crown Representative with the Cabinet Office. With the agreement of the Trust Board, they remained present.
- Resolved** – that the above declarations of interest be noted.
- 296/20 **CONFIDENTIAL MINUTES**
- 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.
- 297/20 **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.
- 298/20 **KEY ISSUES FOR DISCUSSION/DECISION**
- 298/20/1 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.
- 299/20 **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.
- 300/20 **DATE OF NEXT MEETING**
- Resolved** – that the next private Trust Board Reconfiguration Programme meeting be held on Thursday 7 January 2021 from 2pm.

The meeting closed at 3.29pm

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	15	15	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	15	15	100
V Bailey	15	14	93	S Lazarus	15	13	87
P Baker	15	15	100	D Mitchell	15	12	80
R Brown	15	14	93	B Patel	15	15	100
I Crowe	15	15	100	M Traynor	15	13	87
C Fox	15	11	73	M Williams (from 2.9.20)	10	10	100
A Furlong	15	14	93				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	15	14	93	S Ward	15	15	100
D Kerr	15	15	100	M Wightman	15	15	100
H Kotecha	12	11	92	H Wyton	15	14	93
V Karavadra (until 31.12.20)	15	11	73				