

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME
HELD ON THURSDAY 6 MAY 2021 AT 2.00PM**

Voting Members Present:

Mr J MacDonald – Trust Chair
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 A Carruthers – Chief Information Officer
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Mr D Kerr – Director of Estates and Facilities
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 172/21)
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

164/21 APOLOGIES AND WELCOME

Apologies for absence were received from Ms K Gillatt, Associate Non-Executive Director.

Note was made that this was the first Reconfiguration Programme Trust Board meeting for the new Interim Trust Chairman, Mr John MacDonald. Mr MacDonald welcomed everyone to the meeting.

165/21 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.

166/21 MINUTES

Resolved – that the Minutes of the Trust Board Reconfiguration Programme meeting held on 1 April 2021 (paper A refers) be confirmed as a correct record and signed by the Chairman accordingly.

CCSO

167/21 MATTERS ARISING LOG

Paper B detailed progress in respect of actions agreed at previous meetings of the Trust Board Reconfiguration Programme, all of which had now been completed and recorded as such within

the Log. The contents of this report were received and noted.

Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, queried progress in respect of discussions relating to Reconfiguration Programme Governance and how Healthwatch might form part of this process. In response, the Trust Chair advised that the Trust was reviewing governance across the board, not only in relation to reconfiguration, and he provided assurance that it was the Trust's intention to involve Healthwatch.

Resolved –that the contents of this report, and the additional verbal information provided, be received and noted.

168/21 KEY ISSUES FOR DISCUSSION/DECISION

168/21/1 Chairman's Briefing on the Reconfiguration Programme

Mr J MacDonald, as the newly appointed Interim Trust Chairman for UHL, reported verbally, noting the important opportunity that the Reconfiguration Programme represented for UHL, as well as recognising the considerable work to be undertaken in its progression.

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

168/21/2 Reconfiguration Programme – Update

Paper C, as presented by Director of Estates and Facilities and the Reconfiguration Programme Director, provided the Trust Board with an update on progress since the last meeting and included information in respect of the following: the New Hospital Programme (NHP) Regulator Letter, progress with approvals of the submitted Business Cases, EMCHC update, Risk Update and information relating to governance and reporting.

Following completion of the forty round table events across the NHP, the Trust had received a letter on 8 April 2021 detailing the next steps for the NHP. There were some key messages regarding funding, phasing, design and digital investment etc. as referenced in more detail in paragraphs 1-4 of paper C. A date was currently awaited for the Chief Executive and Senior Responsible Officer (SRO) to meet with Natalie Forest and Craig McWilliam of the NHP to discuss the implications for UHL's scheme. UHL was one of the front-running eight Hospital Trusts within the programme. The schemes for all the front-running eight Trusts were being reviewed with a view to standardisation and using Modern Methods of Construction (MMC). There was also particular focus on the 'digital' hospital and the development of design guidance.

With regard to progress with the submitted business cases, the PMO Office Business Case had been approved on 27 April 2021 and the date of the National Joint Investment Committee, which would review the Decontamination Business Case, was currently awaited.

There were no new risks to escalate at this month's meeting and the quarterly deep dive into risk, as agreed at a previous meeting, would commence at the July 2021 Reconfiguration Programme Trust Board meeting.

The Director of Strategy and Communications provided an update on the East Midlands Congenital Heart Centre (EMCHC) noting that the move into the new Kensington EMCHC build had been delayed as a result of the fact that the water samples, taken when testing the new water supply, could not be signed off by the Trust's Infection Prevention Team at this point in time and further cleaning processes were being carried out. In order to allow time for resolution, the move date had been delayed by 2 weeks and would now take place over 20-23 May 2021. The project and operational teams were continuing the commissioning programme for the new area as planned, with only the move of the services delayed.

The Trust Board was requested to note the contents of this report, including the fact that guidance on standardisation would be provided at the end of May 2021.

In discussion on this item:-

- (i) Ms V Bailey, Non-Executive Director, offered her congratulations in respect of approval of the PMO business case and queried whether it had been approved in full or with mitigations – in response, the Reconfiguration Programme Director confirmed

- that the business case had received full approval;
- (ii) Mr A Johnson, Non-Executive Director, expressed concern at the issue described in respect of the water supply to the EMCHC build, noting the potential negative impact of this on the Trust's credibility, and his hope that the Trust could learn from this by inclusion of relevant clauses in future such contracts - in response, the Director of Estates and Facilities advised that this was the first time the Trust had experienced such an issue in its capital builds. There was no contaminate present, rather an abnormal reading at a specific temperature that the Trust was not happy with. He noted the systematic approach to resolution being undertaken and the plan to prepare for occupation. He further noted that when the timeline was shortened at the front end of a project, there was a need to allow time at the end of the project for resolution of any issues arising;
 - (iii) the Acting Chief Operating Officer put on record the Trust's thanks to Birmingham Children's Hospital for the support they had provided to UHL during the EMCHC development, noting in particular their flexibility;
 - (iv) the Trust Chair noted that the Trust's buildings needed to be flexible (e.g. in the case of pandemics) and queried where assurance lay in respect of wider aspects to the Programme which went beyond the physical buildings – in response, the Director of Estates and Facilities noted that this involved clinical transformation and provision of a sustainable service. The Medical Director noted that the buildings would be delivering the clinical strategy designated in the brief. Whilst assurance would be provided through this group, much of the design brief arose from the assumptions made (e.g. three session days, digitally enabled, use of a blend of virtual and face-to-face clinics etc.) and ensuring that between the current time and the buildings opening, services were moving in the right strategic direction. The Trust Chair further queried the critical path across all the different elements, in response to which the Director of Estates and Facilities noted this information had been shared previously within a presentation to the Trust Board and assured the Trust Chair that a full sub-structure sat below the Reconfiguration Programme Trust Board. Furthermore, the Reconfiguration Programme Director reported that the programme was predicated on transformation and she referenced the regular meetings which took place between Clinical Commissioning Group and Strategy colleagues and the Quality Transformation and Efficiency Improvement Team; one focus of which was on health planning and activity modelling. The Director of Quality Transformation and Efficiency Improvement noted that her team had met with the Strategy Team to discuss priorities in terms of transformation and she undertook to further consider, outside of the meeting, the issue of integrated reporting (between the Transformation Team and Strategy Team) and where (i.e. at which Trust Committee) such a report should be submitted and considered;
 - (v) in reference to the discussion under point (iv) above, the Chief Information Officer noted that digital aspects of the programme were inter-related with all other aspects and he undertook to submit information relating to digital assumptions, in terms of the Reconfiguration Programme, to a future meeting of the Reconfiguration Programme Trust Board;
 - (vi) Mr M Williams, Non-Executive Director, queried the potential implications of a further 3-6 month delay to the Programme – in response the Director of Estates and Facilities confirmed the uncertainty in this respect currently; more would be known about phasing after a feedback session planned for the following week. Further clarity should be available by the end of May 2021 and the Strategy team could then assess the impact on the critical path and progress in general, and
 - (vii) the Acting Chief Executive sought confirmation that the delays referenced were all national and not local delays, in response to which the Reconfiguration Programme Director confirmed that these were national delays.

DQTEI

CIO

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

(B) the Director of Quality Transformation and Efficiency Improvement be requested to further consider, outside of the meeting, the issue of integrated reporting (between the Transformation Team and Strategy Team) and where (i.e. at which Trust Committee) such a report should be submitted and considered, and

DQTEI

(C) the Chief Information Officer be requested to submit information relating to digital assumptions to a future Reconfiguration Programme Trust Board meeting.

CIO

The Reconfiguration Programme Director presented paper D, which provided an update 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, and noted that there were no specific issues for escalation this month.

As at the end of March 2021, year to date spend was £22.8m, which was £0.5m underspent from forecast due to: (1) main programme overspend of £0.5m which was predominantly in relation to PMO costs which had temporarily been funded from CDEL pending NHSE/I approval of the business case and (2) underspend in EMCHC of £1m relating to equipment which had been funded through the charity together with missing retentions which should be adjusted for in the final accounts process. The values reported represented value on the ledger at the current time and were subject to accounts finalisation and audit and would be updated accordingly.

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

169/21 **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 for a response at today's meeting, both of which were responded to by Mr D Kerr, Director of Estates and Facilities. In light of technical difficulties with the livestream of today's meeting, it was agreed to write urgently to those members of the public who had submitted a question documenting the Trust's response to the questions posed. The specific questions posed and the responses provided were as detailed below:-

DCLA

Question 1 from Ms J Burbridge:-

UHL's January update on Building Better Hospitals for the Future said that the report produced by the Commissioning Support Unit analysing the public responses to the consultation would be discussed at a public meeting before a decision is made on the proposals. Please could you tell me when this meeting is going to be taking place and will it be online? Please can you assure me that no decision will be made before this meeting takes place?

The public meeting referred to on Building Better Hospitals for the Future will be the CCG governing board meeting. The date of this meeting has yet to be announced by the CCG. They will announce the exact date of the online meeting as soon as possible. The papers for this meeting will be publicly available prior to the meeting and the meeting date will be promoted so that people have an opportunity to virtually attend and hear the discussions. All decisions taken will also be made public after the governing board meeting through a wide range of communications channels. We can assure you that no decision will be made before the CCG public meeting takes place.

Question 2 from Mr R Ball:-

The Pre-Consultation Business Case and consultation document state that, subject to consultation, the new free-standing midwife led unit on the site of the Leicester General Hospital will be housed in the Coleman Centre. Please can you confirm that the Coleman Centre is not part of the site that UHL hopes to sell off?

No decision has been made on the location of any possible Midwifery Led Unit (MLU) at the Leicester General Hospital until the CCG Governing Body make a decision based on the recommendations in the Decision Making Business Case. As yet the date of this meeting has yet to be announced by the CCG. If the Coleman Centre is chosen as the location for any possible MLU then it will not be part of the site disposal.

Resolved – that (A) the above-referenced questions and responses be received and noted and

(B) (due to technical difficulties with the livestreaming of today's Reconfiguration Programme Trust Board meeting) the Director of Corporate and Legal Affairs be requested

to write urgently to those members of the public who had submitted a question to today's public Reconfiguration Programme Trust Board meeting documenting the Trust's response to the questions posed.

DCLA

170/21 ANY OTHER BUSINESS

170/21/1 Governance Proposals

As also referenced under Minute 167/21 above, the Trust Chair advised of the discussions currently underway with regard to governance arrangements within the Trust, the outcome of which would be submitted to the general Trust Board meeting in June or July 2021.

Resolved – that the Trust Chair and Acting Chief Executive Officer be requested to submit a report detailing governance proposals to a future Trust Board meeting in June or July 2021.

TC/ACEO

171/21 DATE OF NEXT MEETING

Resolved – that the next public Trust Board Reconfiguration Programme meeting be held virtually on Thursday 3 June 2021 from 2pm.

172/21 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 173/21 – 178/21) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

173/21 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.

174/21 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.

175/21 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.

176/21 KEY ISSUES FOR DISCUSSION/DECISION

176/21/1 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.

177/21 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.

178/21 DATE OF NEXT MEETING

Resolved – that the next private Trust Board Reconfiguration Programme meeting be held on Thursday 3 June 2021 from 2pm.

The meeting closed at 2.34pm.

Gill Belton
Corporate and Committee Services Officer

Cumulative Record of Attendance (2021/22 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald (from 19.4.21)	2	2	100	A Furlong	4	2	50
K Singh (until 16.4.21)	2	2	100	A Johnson	4	4	100
V Bailey	4	4	100	S Lazarus	4	4	100
P Baker	4	3	75	D Mitchell	4	4	100
R Brown	4	4	100	B Patel	4	4	100
I Crowe	4	4	100	M Williams	4	4	100
C Fox	4	3	75				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	4	4	100	I Orrell	4	4	100
M Durbridge	1	1	100	S Ward	4	4	100
K Gillatt	4	2	50	M Wightman	4	4	100
D Kerr	4	4	100	H Wyton	4	2	50
H Kotecha	4	4	100				