

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME
HELD ON THURSDAY 3 SEPTEMBER 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

In Attendance:

Mr A Carruthers – Chief Information Officer
Mr R Cooper – Financial Improvement Director
Mr V Karavadra – 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 182/20)
Ms N Green – Deputy Chief Nurse (on behalf of Ms C Fox, Chief Nurse)
Mrs K Rayns – Corporate and Committee Services Officer
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 – Director of People and Organisational Development

ACTION

178/20 APOLOGIES

Apologies for absence were received on behalf of Mr J Adler, Chief Executive and Ms C Fox, Chief Nurse. Ms N Green, Deputy Chief Nurse attended on behalf of the Chief Nurse.

Resolved – that the apologies for absence be noted.

179/20 DECLARATIONS OF INTEREST

The Interim 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. With the agreement of the Trust Board, they remained present.

Resolved – that the above declarations of interest be noted.

180/20 MINUTES AND MATTERS ARISING LOG

Resolved – that it be noted that this was the first public meeting of the Trust Board Reconfiguration Programme.

181/20 KEY ISSUES FOR DISCUSSION/DECISION

181/20/1 Chairman's Briefing Note on the Reconfiguration Programme – September 2020

The Trust Chairman welcomed everyone to UHL's first public Trust Board Reconfiguration

Programme meeting, noting that these meetings would continue to be held on a monthly basis on the afternoon of the same day as the main Trust Board meetings, with both public and private sessions being held. In presenting his monthly briefing report (previously circulated as paper A), the Trust Chairman particularly highlighted the significance of this 'once-in-a-generation' £450million investment in the physical infrastructure of Leicester's Hospitals. He was also pleased to announce that the Pre-Consultation Business Case had been approved by NHS Improvement at a national level. Whilst UHL would not be responsible for undertaking the Consultation process (as this was being led by the three Leicester Leicestershire and Rutland Clinical Commissioning Groups), it was expected that regular progress reports on the Consultation would be presented to the Trust Board Reconfiguration meetings going forwards.

The Trust Chairman outlined the responsibilities of the Trust Board to ensure that robust governance processes were embedded to ensure appropriate use of resources and to promote confidence amongst stakeholders, public and staff that the capital programme would provide buildings which reflected the needs of the Trust and the population it served. As an anchor institution, it was also considered important for UHL to monitor the impact of the Reconfiguration Programme upon training, people, employment, and contract procurement. At today's meeting, the Reconfiguration Programme update (paper B) provided an overview of the Government's Health Infrastructure Plan (HIP), noting that UHL was one of the six Trusts nationally to be allocated capital funding to build new hospitals within the first phase (HIP1). At the next meeting in October 2020, the Trust Board would look forward to receiving reports on (a) the Clinical Strategy underpinning UHL's Reconfiguration Programme and (b) the Reconfiguration Programme governance arrangements. Finally, he invited Trust Board members to submit any suggestions for future agenda items to himself and the Director of Corporate and Legal Affairs by email.

**MD/
DCLA**

**All TB
members**

Resolved – that (A) the Chairman's briefing note on the Reconfiguration Programme be received and noted as paper A;

(B) reports setting out the Clinical Strategy underpinning the Reconfiguration Programme and the Reconfiguration Programme governance arrangements be presented to the October 2020 Trust Board Reconfiguration meeting, and

**MD/
DCLA**

(C) all Trust Board members be requested to notify the Trust Chairman and the Director of Corporate and Legal Affairs of any suggested agenda items for discussion at future Trust Board Reconfiguration meetings.

**All TB
members**

181/20/2 Progress of UHL's Reconfiguration Programme

Mr D Kerr, Director of Estates and Facilities introduced paper B, providing an overview of the current status of UHL's Reconfiguration Programme. It was noted that the Director of Estates and Facilities was also the Senior Responsible Owner (SRO) for the overall Reconfiguration Programme. The Director of Estates and Facilities echoed the points made by the Trust Chairman in his earlier introduction, noting the exciting nature of UHL's Reconfiguration Programme and its expected impact upon the Trust, the wider health economy, social values, economic growth and the community served by the Trust. The scale of the Reconfiguration Programme made this the largest capital investment within Leicester since the Highcross Shopping Centre development in 2008. The Pre-Consultation Business Case (PCBC) had been approved on the afternoon of 2 September 2020 and the Consultation Process was now due to commence on 28 September 2020, led by the three Leicestershire Clinical Commissioning Groups (CCGs). The detailed planning that had already been undertaken by UHL to date meant that UHL's Programme was the most comprehensive of the six Phase 1 Health Infrastructure Plan (HIP1) schemes nationally. The Director of Estates and Facilities also drew members' attention to the sections of paper B which detailed progress on the transfer of the East Midlands Congenital Heart Centre (EMCHC) from Glenfield Hospital to the LRI under phase 1 of the Children's Hospital Project and the Intensive Care Unit (ICU) Project.

Ms N Topham, Reconfiguration Programme Director also commended the excellent news surrounding the recent approval of the PCBC which would now be presented to the CCG Collaboration Board in the public domain on 8 September 2020 prior to commencement of the Consultation process on 28 September 2020. She highlighted the engagement of UHL clinicians in the Consultation process and the 'fly through' animations of the new buildings at Glenfield Hospital and the LRI which would provide a more interactive experience of the plans to support the Consultation. As one of the six HIP1 schemes, UHL had been receiving significant support

and advice from the Centre, the Department of Health and Social Services, and from national and regional NHS Improvement leads. Recent aspects of the HIP1 collaboration meetings had focused upon the Digital and Sustainability agendas and any design changes required to ensure that the buildings would be fit for purpose in the event of a pandemic. Sections 3 and 4 of paper B focused upon the two live projects noting the significant impact that these schemes would have upon over 1,000 of UHL's staff:-

- (i) the transfer of the EMCHC from Glenfield Hospital to the Kensington Building at the LRI to meet the standards for co-location with the remaining Children's Services and to achieve the activity and capacity levels required to retain this important service in Leicester, and
- (ii) the ICU Project which involved new ward accommodation and an ICU extension, noting that the construction work for the ICU extension had been completed and the facility had been handed over and occupied.

The Reconfiguration Programme Director highlighted the importance of robust communications and staff engagement within the Reconfiguration Programme and the ongoing support that was being provided by the Human Resources and Communications Teams within the 'management of change' process for staff. The Acting Chief Operating Officer was the SRO for these schemes which were both progressing to plan, on time and within budget. The Director of Estates and Facilities added that visits to the new ICU facility could be facilitated for interested parties, but following a suggestion by Col (Ret'd) I Crowe, Non-Executive Director, it was agreed that a few still photographs or a short video of the new ICU facility at Glenfield Hospital on the external website would be preferable (in order to reduce footfall and potential infection prevention risks associated with physical tours). The Director of Estates and Facilities supported this suggestion, noting that the possibility of a broadcast-quality video was currently being explored to support the Consultation process.

**DEF/
RPD**

In further discussion on paper B, the following comments and queries were noted:-

- (a) Ms V Bailey, Non-Executive Director commented upon the fantastic potential surrounding this investment for Leicester, Leicestershire and Rutland and highlighted the importance of identifying the key risks surrounding the implications from a patient's perspective. She noted the need for future reports to the Trust Board Reconfiguration Programme to include clarity on the patient-facing aspects;

**DEF/
RPD**

- (b) Col (Ret'd) Crowe, Non-Executive Director highlighted the scope to review and improve the information currently provided on UHL's external website relating to the 'Building Better Hospitals' to ensure that it also provided clarity on the expected changes/implications from a patient's perspective;

**DEF/
RPD**

- (c) Mr A Johnson, Non-Executive Director raised a number of detailed comments and queries on the following themes:-

- (i) the project-level governance structure for the EMCHC scheme (figure 1 on page 7 of paper B refers) and whether the Project Managers were dedicated or dual roles. In response, the Reconfiguration Programme Director advised that Ms L Shepherd was the dedicated Senior Project Manager for this scheme and that the Director of Strategy and Communications was the Senior Responsible Owner (SRO);
- (ii) a supplementary question about the expertise of the SRO in relation to the EMCHC scheme. In response, the Director of Strategy and Communications advised that he had been engaged in this workstream for approximately 13 years and he had built a strong relationship with the clinical teams. He was confident that the scheme was being delivered within the projected timescale and that robust engagement was taking place with staff, patients, and stakeholders;
- (iii) a query regarding the arrangements for monitoring progress of the Reconfiguration Programme to ensure that the reports presented to the Trust Board provided an honest and truthful account of progress to date;
- (iv) a comment about the risks associated with the interdependencies between multiple schemes and the scope to review and rebase the timelines for the construction works within the overall Reconfiguration Programme to take account of (a) delays arising from the impact of Covid-19 on the supply chain and (b) the interdependencies between schemes. In response to this point and point (iii) above, the Reconfiguration Programme Director agreed to provide clarity on these aspects within her report to the October 2020 Trust Board Reconfiguration Programme meeting;

**DEF/
RPD**

(v)	a query regarding paragraph 33 of paper B relating to the Clinical Management Group (CMG) Operational Delivery Groups and whether the accountability and responsibility arrangements had been made clear to the CMG teams to ensure that they understood their roles. The Trust Chairman and Mr M Williams, Non-Executive Director added to this point, highlighting the risks associated with project costs over-running as a result of user-led specification changes. Responding to these points, the Director of Estates and Facilities agreed to clarify the role, responsibility and accountability arrangements for the CMG Operational Delivery Groups to ensure that they were appropriately focused upon the programme risks and fully cognisant of the impact of any specification changes on the overall Reconfiguration Programme. He agreed to present a paper to the October 2020 Trust Board Reconfiguration Programme on modern construction methods and the procurement routes being utilised to mitigate against construction cost increases, and meet with the Non-Executive Director Chairs of the Finance and Investment Committee and the Audit Committee, to ensure that they were appropriately briefed on the checks and balances provided within the construction procurement process.	DEF
(d)	the Director of Strategy and Communications highlighted the delays in the EMCHC construction programme that were associated with the impact of Covid-19 on the supply chain, advising that detailed information on the expenditure profile was available for Trust Board members' information (if required);	DEF
(e)	the Acting Chief Operating Officer provided her views on the good linkages between the various projects within the Reconfiguration Programme, noting the benefits of informed discussions and decision-making to support each project and the fact that the risk profiles would change as the projects progressed, and	
(f)	a suggestion from the Trust Chairman that the risk register reports for the Trust Board Reconfiguration Programme meetings should focus on the strategic risks rather than the operational risks.	
<u>Resolved</u> – that (A) the Reconfiguration Programme update be received and noted as paper B;		
(B) the Director of Estates and Facilities and the Reconfiguration Programme Director be requested to undertake the following actions:-		
(1)	review and improve the information currently provided on UHL's external website relating to the Reconfiguration Programme to ensure that it also provided clarity on the expected changes/implications from a patient's perspective;	DEF/ RPD
(2)	review the content of future reports to the public Trust Board Reconfiguration meetings to ensure that they included an appropriate focus on the expected impact from a patient's perspective;	DEF/ RPD
(3)	consider including a few still photographs or a short video of the new ICU facility at Glenfield Hospital on the external website;	DEF/ RPD
(4)	review and rebase the timelines for the construction works within the overall Reconfiguration Programme to take account of (a) delays arising from the impact of Covid-19 on the supply chain and (b) the interdependencies between schemes;	DEF/ RPD
(5)	clarify the role, responsibility and accountability arrangements for the CMG Operational Delivery Groups to ensure that they were appropriately focused upon the programme risks and fully cognisant of the impact of any specification changes on the overall Reconfiguration Programme.	DEF/ RPD
(C) the Director of Estates and Facilities be requested to:-		
(1)	present a briefing paper on modern construction methods and the procurement routes being utilised to mitigate against construction cost increases to a future Trust Board Reconfiguration meeting, and	DEF
(2)	meet with the Non-Executive Director Chairs of the Finance and Investment Committee and the Audit Committee, to ensure that they were appropriately briefed on the checks and balances provided within the construction procurement process.	DEF

The Director of Corporate and Legal Affairs read out the following question which had been submitted in advance of today's meeting:-

- Please could the Board outline the way in which co-production with patients and patient-led groups was assisting with the implementation of the EMCHC and ICU projects?

In response to this question, the Director of Strategy and Communications outlined the engagement activity that had taken place through the ICU Board since 2015, including the involvement of Healthwatch and the engagement events held in Autumn 2018, noting that the new ICU facility was now open and in use. In respect of the EMCHC scheme, patient representation had been a significant benefit to this scheme since its conception and had supported the Trust with engagement activity within schools, through patient surveys and engagement with patients' families. In addition, the Heartlink and Keep the Beat Charities had been significantly involved in the design process and this had helped to ensure that the patient-facing areas (eg waiting rooms and bedrooms) were suitable and fit for purpose.

The Trust Chairman also re-iterated his response to a question that had been raised in the earlier public Trust Board meeting about the balance between the public and private agendas for Trust Board meetings, noting that the same rules would apply to the Trust Board Reconfiguration Programme meetings and the Trust would be complying with the national guidance and ensuring that any reports containing personal information or information that was deemed to be commercial in confidence were presented to the private session. He added that he would want to ensure that as much business as possible was considered in the public domain going forwards, to ensure that members of the public had an opportunity to express their views.

Resolved – that the position be noted.

183/20 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 184/20 to 188/20) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

184/20 DECLARATIONS OF INTEREST IN THE CONFIDENTIAL BUSINESS

The Interim 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. With the agreement of the Trust Board, they remained present.

Resolved – that the above declarations of interest be noted.

185/20 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.

186/20 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.

187/20 KEY ISSUES FOR DISCUSSION/DECISION

187/20/1 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.

187/20/2 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.

187/20/3 Confidential verbal report by the Interim Chief Financial Officer

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.

187/20/4 Confidential report by the Interim Chief Financial Officer and the Director of Estates and Facilities

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.

187/20/5 Confidential report by the 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.

188/20 ITEMS FOR NOTING

188/20/1 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.

189/20 ANY OTHER BUSINESS

189/20/1 Verbal report by the Director of Strategy and Communications – Mrs G Smart, Heartlink

Reporting verbally, the Director of Strategy and Communications advised that Mrs Gill Smart, co-founder of the Children's Charity Heartlink had passed away in June 2020. Noting that she would be sadly missed, he paid tribute to the significant fundraising that Gill and her husband Geoff had undertaken in raising millions of pounds to help support Children's heart services in Leicester.

Resolved – that the information be noted.

190/20 DATE OF NEXT MEETING

Resolved – that the next Trust Board Reconfiguration Programme meeting be held on Thursday 1 October 2020 from 2.00pm.

The meeting closed at 5.04pm

Kate Rayns, 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	7	7	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	7	7	100
V Bailey	7	7	100	S Lazarus	7	6	86
P Baker	7	7	100	D Mitchell	7	5	71
R Brown	7	7	100	B Patel	7	7	100
I Crowe	7	7	100	M Traynor	7	6	86
C Fox	7	5	71	M Williams (from 2.9.20)	2	2	100
A Furlong	7	6	86				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	7	7	100	S Ward	7	7	100
D Kerr	7	7	100	M Wightman	7	7	100
H Kotecha	6	6	100	H Wyton	7	6	86
V Karavadra	7	5	71				