

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD – RECONFIGURATION PROGRAMME  
HELD ON THURSDAY 5 NOVEMBER 2020 AT 2.00PM**

**Voting Members Present:**

Mr K Singh – Trust Chairman  
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 – 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:**

Ms G Belton – Corporate and Committee Services Officer  
Mr A Carruthers – Chief Information Officer  
Ms H Evans – RLB (for Minute 256/20/2)  
Mr V Karavadra – Associate Non-Executive Director  
Mr D Kerr – Director of Estates and Facilities  
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair  
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**

**252/20 APOLOGIES**

An apology for absence was received from Ms V Bailey, Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair.

**Resolved – that this apology for absence be noted.**

**253/20 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. 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.**

**254/20 MINUTES**

**Resolved – that the Minutes of the public Trust Board Reconfiguration Programme meeting held on 1 October 2020 (paper A refers) be confirmed as a correct record and signed by the Chairman accordingly.**

**Chairman**

**255/20 MATTERS ARISING**

Paper B detailed progress in respect of actions agreed at the previous meeting of the Trust Board Reconfiguration Programme held on 1 October 2020, the contents of which were received

and noted.

In respect of 2c of Minute 181/20/2 of 3 September 2020, the Director of Estates and Facilities confirmed that this action had now been completed; with the required information issued as part of the public newsletter. The Reconfiguration Programme Trust Board Matters Arising Log would be updated accordingly to reflect this.

CCSO

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

**(B) the Reconfiguration Programme Trust Board Matters Arising Log be updated to reflect the above-referenced information.**

CCSO

## **256/20 KEY ISSUES FOR DISCUSSION/DECISION**

### 256/20/1 Chairman's Briefing Note on the Reconfiguration Programme – November 2020

The Chairman presented his briefing note (paper C refers) explaining the reports scheduled for discussion on today's agenda; making particular reference to the planned discussion on social values.

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

### 256/20/2 Social Values

Ms H Evans of Rider Levett Bucknall (RLB) joined the meeting to give a presentation on Social Value and Sustainability, the contents of which were as detailed within paper D. Particular note was made of the considerable overlap between social value and sustainability and also of the ultimate ambition to become net zero carbon through the long term zero carbon ready action plan. Also noted was the intention to establish KPIs and specific targets per sustainability focus area.

In discussion on the contents of this presentation:-

- (1) Mr Williams, Non-Executive Director, queried how much provision should be made within the overall cost envelope for social value related elements, for example, how the public spaces might be usable for public events and performances, noting his advocacy of public art and the social value to be obtained from this. In response, Ms Evans advised that this would become apparent as part of the forecast strategy, which could then be reviewed and decisions made as to any increases or decreases required. The Director of Estates and Facilities made reference to the healing environment, which related not only to green spaces, but also about how to bring the outside in. He also made reference to the Trust's Art and Heritage Trail and Secret Garden, which would be built upon as part of the Reconfiguration Programme;
- (2) Mr Patel, Non-Executive Director, emphasised the need to learn from what had worked well and not worked well in previous regeneration programmes in order that any mistakes were not repeated. He also noted that the Procurement Policy Note (PPN) relating to Social Value was around enabling new businesses and jobs, with the opportunity to aim for economic drivers as well, which he considered required strong emphasis. He also requested avoidance of the term 'hard to reach', suggesting the alternative 'easy to ignore' when referencing particular community groups;
- (3) the Trust Chairman highlighted the need to focus on tangible outcomes;
- (4) the Director of Strategy and Communications noted that there were structural inequalities in the way in which the NHS worked currently and the issue was one of how to create buildings and an environment which benefitted overall health. He suggested that if people saw the hospitals as 'their' spaces, then they would be more likely to present with any health concerns at an earlier stage. In response, Ms Evans confirmed that well-being elements would be looked at in detail;
- (5) Mr Johnson, Non-Executive Director, noted that the Trust had only a certain amount of money available to it for its reconfiguration programme and strongly questioned, therefore, whether it was within the Trust's remit to spend public money on items relating to social value. In response, Ms Evans noted that the vast majority of social value was driven through procurement, with an emphasis on the need for a local supply chain and a local workforce, etc. The Reconfiguration Programme Director confirmed that the Trust

was responding to the direction of travel outlined by the Department of Health. The Director of Estates and Facilities also made reference to the PPN on social value, and undertook to provide Mr Johnson with a copy of the 'Concept of Value' Strategy for his information. The Trust Chairman acknowledged the need for clear articulation externally of the Trust's strategy in this respect. The Director of Strategy and Communications noted that 60% of the determinants of ill health were outwith the gift of the NHS and noted the economic sense therefore in cultivating every possible element of health benefit and in designing buildings with the people who would use them in mind. The Trust Chairman made reference to the unequal social and economic experiences of the Trust's patient population and of the need, therefore, for social value to be seen as a long term issue that was not just applicable for the duration of the Reconfiguration Programme, but had lasting benefits in the communities served by the Trust.

In concluding discussion on this item, the Trust Chairman thanked Ms Evans for her presentation and noted that the Board looked forward to receiving the Strategy in due course. Ms Evans thanked members for their comments which would be duly considered and incorporated.

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

**(B) the Director of Estates and Facilities be requested to send onto Mr Johnson, Non-Executive Director, a copy of the 'Concept of Value' Strategy for information.**

DEF

256/20/3 Reconfiguration Programme Update (including ICU Update and EMCHC Update)

The Reconfiguration Programme Director presented paper E1, which provided an update on the Reconfiguration Programme and specifically on the following items: (1) the public consultation, which had officially launched on 28 September 2020 (2) Regulator Engagement, including awaiting the outcome of the Decontamination Business Case which was due to be approved on 21 December 2020 following receipt of full planning approval on 30 November 2020. Drawdown would be required from January 2021 in line with the construction start. Also referenced was the need to drawdown capital for design fees from November 2020 in relation to Outline Business Case development and a drawdown request had consequently been submitted to the Regional Team (3) Programme Update (4) 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 for the Trust covering the consultation phase of Building Better Hospitals for the Future and to help develop long term investment in sustainable travel for the Trust, and (5) Governance and Reporting. In relation to the capital drawdown request for design fees, the Trust Chairman sought assurance that no assumptions were being made about the outcome of the consultation, in response to which the Reconfiguration Programme Director provided assurance that no action was being undertaken which would undermine the consultation. The contents of this report were received and noted.

The Acting Chief Operating Officer presented paper E2, which provided the monthly update on progress, next steps, key issues and risks relating to the relocation of Level 3 ICU and associated dependent services from Leicester General Hospital and Day Case Activity to the Leicester General Hospital. The ICU expansion had now been completed and handed over to the Trust from the construction company, with the exception currently of Glenfield wards. The CMG Risk Registers had been developed and presented at the Project Implementation Board for discussion and agreement. The risks would be reviewed and discussed at the Board each month to ensure they were being well managed. The register had captured the relevant risks, but some of the scores required revision, in particular, the risk around the Travel Plan was currently underscored. The finances were being tightly managed and there was a current projected underspend. The Acting Chief Executive noted that having this project come to fruition was a significant motivator for staff and expressed her thanks to the Acting Chief Operating Officer and the teams involved. The Trust Chairman noted that both the ICU Scheme and the EMCHC Scheme (the subject of paper E3) were not schemes which were subject to the current on-going consultation. The contents of this report, detailing the current status of the ICU Project, was received and noted.

The Director of Strategy and Communications presented paper E3, which provided an update on the Children's Hospital Reconfiguration; specifically the Phase 1 re-location of East Midlands Congenital Heart Centre (EMCHC). The EMCHC relocation continued to be on budget and on track for go live in April 2021, with work having started in all areas. The top three risks to project delivery remained as follows: (1) the risk of being unable to recruit successfully to the workforce

plan to support the move of the service (2) the risk of potential delays due to Covid-19 restrictions, which was outwith the control of the project team and (3) the risk of being unable to find appropriate office space within the scope of the project. These risks were being mitigated, where possible, with actions being taken to ensure they did not affect the move of the service. Staff, patient, relative and carer communications continued. Focus groups with representatives from charities, patients and family or carers and staff would be held during November 2020 giving the opportunity for each representative area to contribute to the “You Said...We Did” approach to ensuring patient concerns were addressed. The contents of this report were received and noted.

The Trust Chairman commended both the Acting Chief Operating Officer and the Director of Strategy and Communications in respect of progress on both the ICU and EMCHC Projects.

**Resolved – that the contents of papers E1 – E3 inclusive be received and noted.**

256/20/4 Reconfiguration Programme Strategic Risks – Update

Further to Minute 214/20/5 of 1 October 2020, the Acting Chief Executive presented paper F, which provided an update on strategic risk in respect of the Reconfiguration Programme, noting that risk was captured at various levels in the programme; with individual project risk registers, which detailed the risk relating to the delivery of each element of a programme, and then strategic risks, as per the topic of this report, which reflected the strategic risks to the programme.

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

256/20/5 Reconfiguration Programme – Budget

The Director of Estates and Facilities presented paper G, which updated the 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. As previously reported, £450m capital had been allocated as part of the New Hospitals Programme from the NHS. Additional sources of funding (charity and trust capital) had been committed to support the reconfiguration programme creating an overall funding envelope of £460m. Paper G articulated expenditure to-date, both for the reconfiguration programme and the live reconfiguration projects – the move of the Level 3 intensive care beds and associated services; and the move of the East Midlands Children’s Cardiac Centre to the LRI. All projects were delivering within budget. To date, the Programme had received approval to drawdown £4.3m in relation to Pre OBC development. It was specifically noted that this expenditure did not pre-determine the outcome of the consultation process and its purpose was to resource the team and prepare for the design process. The Trust was now in the process of agreeing and submitting a request for further drawdown in preparation for OBC development. The Programme was also currently seeking approval to drawdown £1.5m in relation to a dedicated facility from which to run the programme. The Business Case had been approved by the Trust Board and submitted to NHS E/I and DHSC for their approval. The Interim Chief Financial Officer notified Board members of the finance support provided to the Director of Estates and Facilities in ensuring all relevant processes were followed.

In discussion on this item, Mr Johnson, Non-Executive Director, sought assurance that the Project Team was able to articulate a cash flow forecast and would thereby be able to pay the bills when due – in response the Interim Chief Financial Officer advised that cash was received as sections (of the Programme) were approved and he acknowledged the need to present a cash flow forecast. He confirmed that cash was ring-fenced for the Programme and was not funded from elsewhere. The Reconfiguration Programme Director advised that the Cost Advisors closely monitored cash flow and ‘draw down’ only occurred at the pace required. Brief discussion took place regarding whether there would be a need to establish a specific project bank account, however, it was not currently anticipated that this would be the case.

The Trust Board was requested to note the Month 5 spend for the 2020/21 financial year and reconfiguration capital plan.

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

**(B) the Director of Estates and Facilities and Interim Chief Financial Officer be requested to develop a cash flow forecast.**

DEF/ICFO

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

The following questions had been submitted in advance of the meeting by Ms S Ruane:-

- (1) In order to ensure the refurbished and new-build estate will be pandemic-ready, what steps are being taken or will be taken to ensure the Building Better Hospitals for the Future plans, which were drawn up before the Covid-19 pandemic, are revised with a view to making building design fit for a pandemic? I am thinking especially of the implications of the need for greater flexibility in the use of estate, more spacious ward designs and more generous room specifications and convertible spaces to cope with changes in use, and the importance of adjacencies. Please note that I am not asking you to comment on the number of ICU beds or to restate what you have said elsewhere in public about how it would have been easier to cope with Covid-19 if the changes had already been made;
- (2) What steps are being taken or will be taken to assess the additional costs of the Building Better Hospitals for the Future reconfiguration scheme arising from these necessary changes?
- (3) Will the £450m capital made available by the government be increased to cover these additional costs and, if not, where will the money be found? and
- (4) Would it have been better to postpone the consultation until such time as this information could have been integrated into the PCBC and made available to the public?

In response to the above questions 1-3, the Director of Estates and Facilities commented as follows:-

The PCBC represented a moment in time; it was very high level and would be further developed as it moved into an Outline Business Case, which would provide the required opportunity to reflect the need for 'pandemic proofing'. It was recognised that there was a stark difference between old stock and new hospital buildings, for example, the new Emergency Department (ED) had created more generous room space and flexibility to respond to daily challenges. Going forward, it was about how to continue to provide safe environments and there would be collaborative work with colleagues using procurement models and NHS Guidance. Increasingly hospitals would be built upon standard design templates and much had been learned from the development of the Nightingale Hospitals, with work going into 'future proofing' the estate. The Trust needed to deliver the scope of the project within the financial envelope available. In terms of additional costs, the current CSR round was a 4 year allocation and the Trust was in dialogue on implications and opportunities.

In response to question 4, the Director of Strategy and Communications commented as follows:-

Any postponement to the consultation would have postponed the reconfiguration itself. It was likely that the country would be living with uncertainty for some time (re Covid-19) and any delays would have been wrong approach since the public needed the NHS now more than ever before and it needed to be the best it could be in a pandemic world. A previous delay to the Interim Intensive Care Unit had led to a delayed extension opening in July; three months after the peak of the first wave of the pandemic, As such any delays involved really high stakes.

The Acting Chief Executive acknowledged that this was a very worrying time for communities and the Reconfiguration Programme brought hope, jobs and opportunities into Leicester, which should be embraced. The Director of Estates and Facilities also noted that there would be an element of risk to any delays in that there were 48 hospitals in the Programme and UHL was one of six front runners – any delays could potentially impact upon the Trust's ability to secure the required investment, which was the biggest single investment into the City of Leicester since Highcross had been built in 2008.

The Trust Chairman thanked Ms Ruane for her questions and Board members for their responses.

**Resolved – that the above questions and responses be noted.**

**258/20 ANY OTHER BUSINESS**

**Resolved** – that there were no further items of business.

**259/20 DATE OF NEXT MEETING**

**Resolved** – that the next public Trust Board Reconfiguration Programme meeting be held virtually on Thursday 3 December 2020 from 2pm.

The meeting closed at 3.21pm

Gill Belton  
Corporate and Committee Services Officer

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

**Voting Members:**

<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>% attendance</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>% attendance</b>
K Singh	12	12	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	12	12	100
V Bailey	12	11	92	S Lazarus	12	11	92
P Baker	12	12	100	D Mitchell	12	9	75
R Brown	12	12	100	B Patel	12	12	100
I Crowe	12	12	100	M Traynor	12	10	83
C Fox	12	10	83	M Williams (from 2.9.20)	7	7	100
A Furlong	12	11	92				

**Non-Voting Members:**

<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>% attendance</b>	<b>Name</b>	<b>Possible</b>	<b>Actual</b>	<b>% attendance</b>
A Carruthers	12	11	92	S Ward	12	12	100
D Kerr	12	12	100	M Wightman	12	12	100
H Kotecha	10	9	90	H Wyton	12	11	92
V Karavadra	12	10	83				