



Terms of Reference

UHL Reconfiguration &
Transformation Committee

Version 1.5

Issue date 27 01 2022

Investment in
sustainable
estate and
reconfiguration

**BUILDING
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of Leicester
NHS Trust

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Document Quality Management

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| Title | Reconfiguration & Transformation Trust Board Sub-Committee |
| Date | 27 th January 2022 |
| Updated by | Nicky Topham, Reconfiguration Programme Director |
| Checked by | Darryn Kerr, Director of Estates and Facilities – Programme Delivery SRO John Jameson, Deputy Medical Director – Programme Transformation SRO |
| Authorised by | Andy Haynes – Reconfiguration & Transformation Committee Chair |

Document History

| Version | Date Issued | Brief Summary of Change | Author |
|---------|-------------|--------------------------------|----------|
| 1.0 | 13/06/21 | First Draft | NT |
| 1.1 | 07/07/21 | Second Draft | DK/JJ/NT |
| 1.2 | 10/08/21 | Third Draft: attendees amended | NT |
| 1.3 | 02/09/21 | Updated membership | JH |
| 1.4 | 27/01/22 | Updated membership | JH |
| 1.5 | 28/01/22 | Updated SP job title | JH |

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1 | Purpose of Committee

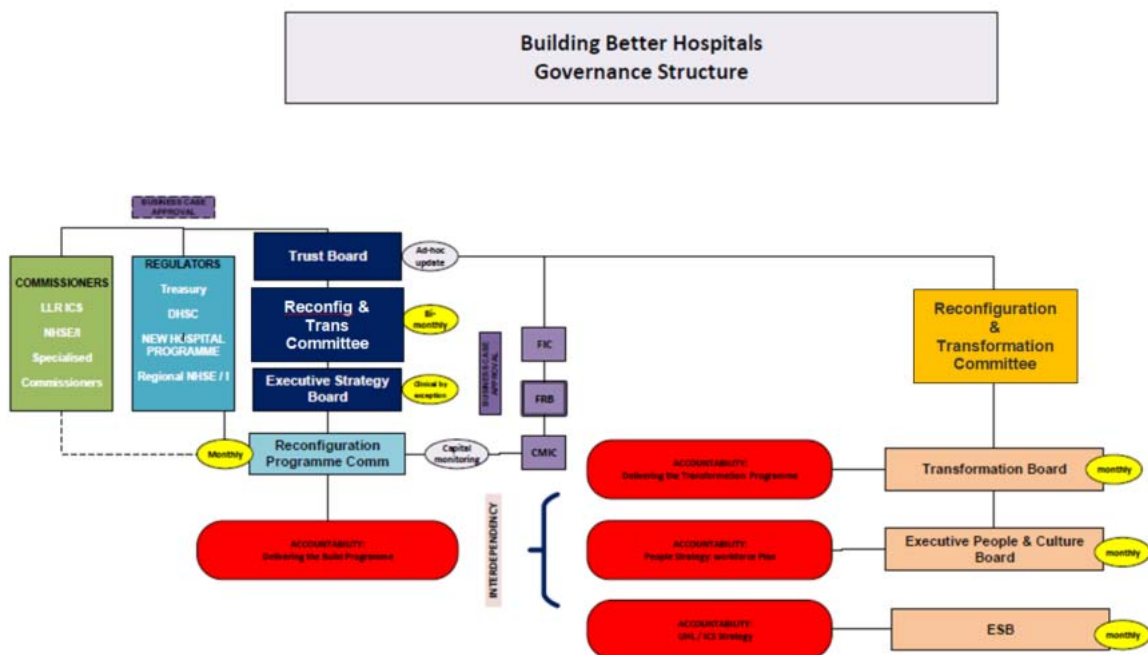
The UHL Reconfiguration & Transformation Committee will have an assurance role in the delivery of the programme to reconfigure services from three hospitals sites to two acute sites (LRI and GH) with Leicester General Hospital being repurposed to support the local community.

The Reconfiguration & Transformation Committee will set the direction and oversee the delivery of the programme, including leadership and advice.

Under the delegation of the Trust Board, the Reconfiguration & Transformation Committee will have the authority to:

- a. Provide assurance on decisions made by the Reconfiguration Programme Committee (within the agreed scheme of delegation.)
- b. Hold the Reconfiguration Delivery and Reconfiguration Transformation SROs to account
- c. Ensure each of the identified programme’s benefits and objectives are delivered in a robust, open and transparent manner.

The diagram below shows the governance arrangements for the Reconfiguration Programme Committee.



2 | Roles & Responsibilities

The Reconfiguration & Transformation Committee is responsible for providing strategic direction and is accountable for the delivery and success of the programme on behalf of the Trust Board.

In order to achieve its purpose, the Reconfiguration & Transformation Committee has responsibility to:

- Provide independent assurance to the Trust Board regarding processes, procedures and management of the Programme to support the successful achievement of the Programme Investment Objectives and realisation of the stated benefits;
- Provide independent assurance that projects within the programme are being effectively managed and controlled and that the projects are delivering the stated benefits are value for money and are ultimately affordable;
- Provide independent assurance that the interdependency of the Cost Improvement Programme and the efficiencies identified in the business cases are being appropriately managed and delivered;
- Provide independent assurance that the interdependent transformation projects: both clinical and non-clinical, are being delivered in accordance with the agreed plans;
- Provide assurance to the Trust Board on all key decisions prior to their consideration and approval at the Trust Board.

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference; and may invite any Director, Executive, external or internal auditor, to attend any Committee(s) as considered necessary in order to deliver its objectives.

Primary Duties & Responsibilities

- Establish a programme of independent assurance to ensure that the programme, its projects and associated transformation; are managed and delivered in a controlled way;
- Agree the interdependent transformation projects that will be reported through the Committee; and ensure controls are established to effectively manage these;
- Receive reports from the Reconfiguration Programme Committee that address delivery progress, which includes costs, risks, outcome of assurance activities and actions to address recommendations, key decisions as well as specific items as requested by the Reconfiguration & Transformation Committee;
- Ensure that robust and effective governance arrangements are implemented to oversee the delivery of the programme and projects;
- Ensure that effective control and risk management arrangements are implemented to manage delivery of the Programme and Projects;

- Prior to their formal approval, confirm that the appropriate processes have been implemented and assurance activities completed on key programme documents, including, but not limited to:
 - Programme and project delivery plans
 - Outline Business' case
 - Full business case(s)
 - Contract and procurement strategies
 - Contract and Works Procurement documentation;
- Ensure that appropriate internal and external due diligence, using specialist external advice where appropriate, has been completed prior to the appointment of the Contractor; in line with the national procurement processes agreed by the New Hospital Programme;
- Provide advice and support to the identification and effective control of programme and project risks;
- Actively champion internally and externally the investment objectives and benefits of the programme;
- Terms of Reference will be reviewed on a six-monthly basis initially; and after the first year will be reviewed annually.

Duties of members and attendees shall be:

- Attend and contribute;
- Have read the papers and materials in advance and be ready to work with them;
- Actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multi-disciplinary perspectives and have considered the impact trust –wide;
- Disseminate learning and actions from meetings;
- Attend at least 75% meetings per year.

3 | Membership

| VOTING MEMBERS | | |
|-----------------------|----------------------------|-------------|
| Name | Position | Role |
| Andrew Haynes | Advisor to the Trust Board | Chair |
| Ian Crowe | NED | Assurance |
| Andrew Johnson | NED | Assurance |

| Tom Robinson | NED (Dean Medical School) | Assurance |
|---------------------------|---|---|
| Lorraine Hooper | Chief Financial Officer | Executive |
| Andrew Furlong | Medical Director | Executive |
| NON VOTING MEMBERS | | |
| Name | Position | Role |
| Andrew Carruthers | Chief Information Officer | Executive Sponsor - Digital |
| Darryn Kerr | Director of Estates and Facilities | SRO for Programme Delivery |
| TBC | Director of Strategy and Communication | Executive Sponsor - Strategy /Comms /OP |
| Moira Durbridge | Director of Transformation | Executive Sponsor - Transformation |
| John Jameson | Deputy Medical Director | SRO for Programme Transformation |
| Nicky Topham | Reconfiguration Programme Director | Reconfiguration Lead |
| Harsha Kotecha | Healthwatch | Patient 'Voice' |
| Sarah Prema | CCG Executive Director of Strategy and Planning | System Strategy and Capital |
| Rachna Vyas | CCG Executive Director for Integration and Transformation | System Transformation |
| TBC | General Practitioner (ICS to confirm) | Primary Care Representative |
| Justin Hammond | Head of UHL Reconfiguration PMO | Reconfiguration PMO Lead |
| TBC | Corporate Administration | Committee Administration |

4 | Attendance

The membership is not exclusive and there may be times where additional people are invited to attend the meeting such as subject matter experts.

If an individual who is not a member of the UHL Reconfiguration & Transformation Committee has submitted an item to the meeting agenda, they will be invited to the meeting to present their specific item.

5 | Quorum

To be quorate there must be at least three members (or their deputies) of the CORE Committee present; representing the roles as shown below; and there must be 50% attendance from the invited members, one of which must be the Reconfiguration Programme Director or their deputy.

| Role | Lead | Deputy |
|------------------------------|----------------------------------|---|
| Chair | Non-Executive Director | Non-Executive Director TBC |
| Programme Delivery SRO | Director of Estates & Facilities | Reconfiguration Programme Director |
| Programme Transformation SRO | Deputy Medical Director | Reconfiguration Clinical Lead for LRI or GH |

6 | Reporting Arrangements

A summary paper of the UHL Reconfiguration & Transformation Committee identifying outputs, feedback, key points and risks will be submitted to the Trust Board as and when the Sub-Committee sits.

7 | Links

The Reconfiguration & Transformation Committee will have close links with other Trust Board sub-committees and will work with these groups for advice and support with regard to the implementation of any element of a Reconfiguration scheme falling within their technical remit including :

- Capital Monitoring & Investment Committee
- Audit Committee

- Finance and Investment Committee
- Finance and Recovery Board

8 | Frequency & Administration of Meetings

The Reconfiguration & Transformation Committee will sit a minimum of three times a year; the exact frequency will be determined by the business that needs to be conducted.

Minutes / action notes and an attendance register will be recorded for each meeting and circulated within two weeks by the corporate administration function.

9 | Glossary of Terms

| | |
|------|---------------------------------------|
| UHL | University Hospitals of Leicester |
| SRO | Senior Responsible Owner |
| PCBC | Pre Consultation Business Case |
| DMBC | Decision Making Business Case |
| SOC | Strategic Outline Case |
| OBC | Outline Business Case |
| FBC | Full Business Case |
| LLR | Leicester, Leicestershire and Rutland |
| LRI | Leicester Royal Infirmary |
| GH | Glenfield Hospital |
| LGH | Leicester General Hospital |
| ICU | Intensive Care Unit |
| OD | Organisational Development |