

## Cover report to the Trust Board meeting to be held on 3 February 2022

	<b>Trust Board paper M</b>
<b>Report Title:</b>	<b>Reconfiguration and Transformation Committee (RTC) – Chair’s Report</b>
<b>Author:</b>	Ms A Moss – Corporate and Committee Services Officer

<b>Reporting Committee:</b>	<b>Reconfiguration and Transformation Committee (RTC)</b>
<b>Chaired by:</b>	Mr A Haynes – RTC Chair and Adviser to the Trust
<b>Lead Executive Director(s):</b>	Mr D Kerr – Director of Estates and Facilities
<b>Date of last meeting:</b>	27 January 2022

**Summary of key public matters considered:**

This report provides a summary of the following key public issues considered at the Reconfiguration and Transformation Committee virtual meeting held on 27 January 2022: - *(involving Mr A Hayes, Adviser to the Trust, (RTC Chair), Ms L Hooper, Chief Finance Officer, Dr A Currie, Reconfiguration Clinical Lead (deputising for Medical Director), Mr A Carruthers, Chief Information Officer, Ms N Topham, Reconfiguration Programme Director, Miss M Durbridge, Director of Quality Transformation and Efficiency Improvement, Ms H Kotecha, Healthwatch Representative, Ms S Prema, CCG Executive Director for Strategy and Performance and Mr J Hammond, Head of UHL Reconfiguration PMO. Ms S Taylor, Assistant Director of Operations (Planned Care) was in attendance for the discussion on the Interim ICU Reconfiguration and Ms M O’Brien, Head of Communications, was in attendance for the discussion on Communication and Engagement Strategy.*

- **Reconfiguration Programme Director Update**

The Reconfiguration Programme Director provided an overview of the development of the Programme to set the context for the inaugural meeting of the Committee. She set out the latest position noting that as one of the eight national New Hospital Programme ‘Pathfinder’ schemes, the Trust had been asked to develop a range of approaches to building new hospitals in Leicester. It was asked to consider three scenarios: i) an option that fits the initial capital allocation of £450m in 2019, ii) the Trust’s preferred option, and iii) a phased approach to delivery of the preferred option. It was noted since the capital allocation had been identified the New Hospital Programme had identified additional requirements for the percentage of single room versus open wards, contingency funds, and requirements for ‘net zero carbon’ buildings. It was anticipated the Trust would receive confirmation of the capital allocation and way forward in April 2022.

The Reconfiguration Programme Director outlined the design work that was underway which had been funded from an underspend in system capital. The contract for the early design would allow the work to be paused or ceased at the Outline Business Case stage should that be necessary.

It was noted that the Trust was actively engaging with the New Hospital Programme, following release of the Beta Standard, to understand what work was feasible and value for money to support the aspiration for net zero carbon. Whilst discussions were also being had with respect to the digital aspiration further guidance was awaited to understand the ‘ask’. It was noted that the digital strategy needed to align with the LLR strategy and, with respect to patients, take account of the digital divide.

- **Start of OBC/Design for LRI New Build**

The Reconfiguration Clinical Lead gave a presentation on the Programme, setting out the drivers for change and the high level strategy. It was noted that the key drivers were the need to improve maternity provision, capacity for neonates and ICU. The move from three to two acute sites would bring a number of benefits ensuring clinical sustainability, quality transformation and increased capacity.

It was noted that the Reconfiguration Programme would not just deliver new buildings but would involve new models of care and ensure modern ways of working. This would create efficiencies and improve the patient experience and health outcomes.

The discussion acknowledged the need to track cost improvements and outcomes. The need for patient engagement was noted. The Reconfiguration Programme Director reported that a post within the Patient Engagement Team would work on the Programme to ensure the right engagement at the right time. Work would be undertaken to provide assurance that the patients' perspective was considered at key points in the design process.

- **Interim ICU Scheme Update**

The Assistant Director of Operations (Planned Care) provided an outline of the interim reconfiguration of the services that accessed level 3 ICU care, create an additional 10 ICU beds and a day case arrival area. There was a series of 15 moves which would happen in sequence between the end of April 2022 and July 2022. It was noted that it was a complicated project with many interdependencies but was on track to deliver.

- **Enabling Project Update**

The Head of UHL Reconfiguration PMO gave an update on the enabling project to prepare the space for the new build at the Leicester Royal Infirmary site. A number of building referred to as the Knighton Street Campus were being emptied with services and 700 staff relocated. The Wakerley Lodge at Leicester General Hospital and the Bracken Building at Glenfield hospital would be brought back into use. The implementation of agile working would enable office space to reduce by 40%. The Education Centre would move out of the Jarvis Building and relocated in upgraded areas of the Victoria Building which would improve the environment for trainees. The project involved multiple moves and was complex. The Planning Department had required that the buildings remain until the design for the new build was agreed. A heritage review had been undertaken by the University. The process for approval for the Business Case had yet to be confirmed by the New Hospital Programme.

- **Communications and Engagement Strategy**

The Head of UHL Reconfiguration PMO and the Head of Communication presented the Communications and Engagement Strategy. It was noted that the strategy was high level and written to empower project leads to adopt a consistent approach. It set out the principles to be followed such as those within the inclusive decision making framework. Project specific plans would be tailored to the key audiences and stakeholders of that project.

The Heathwatch representative noted the need to use a variety of channels to reach hard to reach groups and for the strategy to be aligned with the LLR strategy. It was agreed that the Healthwatch Board be invited to provide further feedback on Communications and Engagement Strategy.

- **Any Other Business**

There was no other business.

**Matters requiring Trust Board consideration and/or approval:**

**Recommendations for approval:**

- None

**Items highlighted to the Trust Board for information:**

The following issue was highlighted to Board members *for information only*.

- None

**Matters referred to other Committees:**

None.

**Date of Next Virtual PCC Meeting:**

Thursday 31 March 2022 at 11.30am via MS Teams