

Cover report to the Trust Board meeting to be held on 7 April 2022

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Report Title:	Reconfiguration and Transformation Committee (RTC) – Chair’s Report
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Reporting Committee:	Reconfiguration and Transformation Committee (RTC)
Chaired by:	Mr B Patel – Non- Executive Director (Chair of the meeting)
Lead Executive Director(s):	Mr R Mitchell, Chief Executive
Date of last meeting:	31 March 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 31 March 2022: - *(involving Mr B Patel, Non-Executive Director, Meeting Chair, Prof T Robinson, Non-Executive Director, Mr M Williams, Non-Executive Director, Mr J Worrall, Associate Non-Executive Director, Ms G Collins-Punter, Associate Non-Executive Director, Ms L Hooper, Chief Finance Officer, Mr J Jameson, Deputy 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 R Vyas, CCG Executive Director for Integration and Transformation, and Ms S Prema, CCG Executive Director for Strategy and Performance. Ms S Taylor, Assistant Director of Operations (Planned Care), Ms D Green, Head of Health Planning, Mr S Pizzey, Head of Strategy and Planning, and Ms B Cassidy, Director of Corporate and Legal Affairs, were in attendance.*

- **Reconfiguration Programme Director Update**

The Reconfiguration Programme Director recapped on the current position in relation to the new Hospital Programmes; provided an update on the design of the new build at the Leicester Royal Infirmary (LRI); restated the Communication, Engagement and Patient Involvement Strategy; and provided an update on the LRI enabling case.

The New Hospital Programme which was responsible for delivering 40 new hospitals (with 8 new hospitals expected to be announced) was working with HM Treasury, Cabinet Office and Infrastructure and Projects Authority to determine the final allocation for all the schemes and timelines. The assessment of the case would be made in May 2022, after which it would be reviewed by Ministers of State. It was hoped that a decision would be known in July 2022 although it could be delayed until Autumn 2022

The Reconfiguration Programme Director reported on the work undertaken with the Trust’s architectural partner, Building Design Partnerships (BDP), to design the new buildings for the LRI. The brief would consider the activity to be delivered, the number of rooms and functionality. Clinical engagement would start in the next couple of weeks and the design process would take around five months. This would be incorporated in the Outline Business case, currently planned for presentation to the Trust Board in January 2023.

The Reconfiguration Programme Director presented the Communication, Engagement and People, Patient and Public Involvement Strategy restating the commitment to coproduction and inclusive decision making.

The Reconfiguration Programme Director recapped on the progress made with the LRI Enabling Case which sought to relocate staff from a number of buildings referred to as the Knighton Street Campus. At the request of the City Council, planning consent to demolish the vacated buildings would not sought until the business case for the new build was well progressed, thereby being able to clearly articulate the reason for the demolition of Victorian Buildings. The requisite planning permission was being sought the interim.

- **Principles Underpinning Reconfiguration: Outcome of Consultation**

The CCG Executive Director for Strategy and Performance presented the 20 themes which had emerged from the public consultation in 2020. It was noted that all the themes would be addressed within specific work plans or cross-cutting work streams. The Committee acknowledged its role in ensuring that all the themes were addressed. The RTC Chair added that the public should be made aware of how the responses to the consultation had been taken into account.

- **Principles Underpinning Reconfiguration: Working Practices**

The Assistant Director of Operations (Planned Care) presented the clinical and operational principles for reconfiguration. The key principle of the programme was to move all acute clinical activity and associated services off the Leicester General Hospital site to LRI and the Glenfield Hospital. This would enable a separation of emergency and elective care.

The clinical and operational principles had been revised in 2020. These needed to be refreshed, specifically in relation to the use of the Jarvis and Victoria buildings, operational assumptions for beds, theatres and outpatients and the Children's' hospital project. The Reconfiguration Programme Director cautioned on the need to plan for the longer term since the activity assumptions were used to calculate number of rooms and the need to ensure future building flexibility. There was a discussion about the bed bridge and new models of care. The Director of Quality Transformational and Efficiency Improvement noted that transformation was key and considerable work was in train. The Committee noted that a Task and Finish Group would be established to refresh the principles and report back in three months' time.

- **Principles Underpinning Reconfiguration: Room Sizes/Spatial Assumptions**

The Head of Health Planning, reported on the approach for determining room sizes and spatial assumptions for the new build. The number of rooms and sizes would determine the size of the building and cost. There were national mandates for standardised and repeatable designs. There was a need to pandemic proof the accommodation which meant an increase in single rooms and the ability to cohort patients. The Heath Building Notes which provided guidance on best practice were adopted for the majority of spaces and only derogated in five instances. The Committee noted the key interdependency as transformation, including new models of care and agile working. The Committee sought and received assurances about physical accessibility.

- **Principles Underpinning Reconfiguration: IT Principles underpinning design**

The Chief Information Officer outlined the principles on which the digital element of the Outline Business Case had been based. The presentation set out the approach to prioritising funding for new technologies to align with the New Hospital Programme expectations. The Committee noted the need to consider how new technologies would be rolled out in the retained estate, the clinical value of the technology and additional revenue and capital implications for the Trust and the system. Ms Collins-Punter, Associate Non-Executive Director noted the need to consider the total cost for IT projects including a skills framework and training requirements. The Chief Information Officer noted that digital inclusion was a consideration and patient groups would be involved at relevant stages. The role of IT as an enabler for transformation was acknowledged.

- **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.