Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE RECONFIGURATION AND TRANSFORMATION COMMITTEE (RTC) MEETING HELD ON THURSDAY 27 JANUARY 2022 AT 11.30AM, VIRTUAL MEETING VIA MICROSOFT TEAMS

Present:
Mr A Haynes - RTC Chair, Adviser to Trust Board
Ms L Hooper - Chief Finance Officer
Mr A Carruthers - Chief Information Officer (non-voting)
Dr A Currie - Reconfiguration Clinical Lead (deputising for the Medical Director)
Miss M Durbridge - Director of Quality Transformation and Efficient Improvement (non-voting)
Mr J Hammond - Head of UHL Reconfiguration PMO (non-voting)
Ms H Kotecha - Healthwatch (non-voting)
Ms S Prema - CCG Executive Director of Strategy and Planning (non-voting)
Ms N Topham - Reconfiguration Programme Director (non-voting)

In Attendance:
Mr G Gilbert - Interim Director of Corporate and Legal Affairs
Ms M O'Brien - Head of Communications
Mr S Pizzey - Head of Strategy and Planning
Ms S Taylor – Assistant Director of Operations (Planned Care)
Ms A Moss - Corporate and Committee Services Officer

RESOLVED ITEMS

01/22 APOLOGIES

Apologies for absence were received from Col (R'td) I Crowe, Non-Executive Director, Prof T Robinson Non-Executive Director, Mr A Furlong, Medical Director, and Mr J Jameson, Deputy Medical Director.

02/22 DECLARATIONS OF INTERESTS

There were no declarations of interest.

03/22 TERMS OF REFERENCE

The terms of reference for the Reconfiguration and Transformation Committee were presented. It was noted that the membership would be reconfirmed as new Non-Executive Directors had been appointed. The CCG Executive Director of Strategy and Planning asked for her title to be updated. **SP**
The CCG Executive Director of Strategy and Planning was asked to identify a Primary Care representative. The Healthwatch representative noted that she could not be the sole patient voice and that there needed to be points in the Programme when the patient voice was heard. It was noted that this would be discussed as part of the communication and engagement strategy later on the agenda. The Healthwatch representative asked whether Healthwatch Rutland could have a representative on the Committee. It was noted that there was a need to ensure the balance of involving the right people and having a small forum. The Healthwatch representative noted that the two Healthwatch organisations worked closely and she would liaise with her colleagues in Rutland.

It was agreed to review the terms of reference in six months' time. **RTC Chair**

Resolved – that (A) the report be received and noted,
(B) to review the terms of reference in six months' time.

04/22 KEY ISSUES FOR ASSURANCE

04/22/1 Reconfiguration Programme Update

The Reconfiguration Programme Director presented paper B which outlined the development of the Programme. It was noted that a capital allocation of £450m for UHL had been announced in

September 2019. In Spring 2020, the NHS had established the New Hospitals Programme with the objective of delivering all the new hospitals in a programmatic way, and to address agendas for net zero carbon and digital hospitals. The intention was to adopt standardised designs and to use modern methods of construction, which would save costs. There were 40 hospitals in the programme, with a further 8 to be announced shortly. These fell into 5 cohorts and UHL's scheme was in Cohort 3, which included 'pathfinder' hospitals. Cohort 3 schemes were still prioritised for funding. However, the Trust had been asked to develop a range of approaches to building new hospitals in Leicester. It had been asked to consider three scenarios: i) an option that fitted the initial capital allocation of £450m in 2019, ii) the Trust's preferred option, and iii) a phased approach to delivery. It was anticipated the Trust would receive confirmation of the capital allocation and way forward in April 2022.

The Reconfiguration Programme Director outlined the work that was underway to enable the programme to start as soon as the announcement was made. Activities were focussed on design development of the Leicester Royal Infirmary New Build, the new Women's Hospital and Intensive Care Unit. Design work 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.

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

04/22/2 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 public consultation on the plans had been successful with good levels of engagement which confirmed that the approach was the right one.

The plans would improve clinical effectiveness for obstetrics, neonates and adult intensive care. The Trust would be more resilient in terms of the estate, environment and workforce. As referenced earlier in the meeting the New Hospital Programme sought to introduce a standard approach so there would be no bespoke design in clinical departments. An example of this was the proposed pod model for day case and endoscopy. The Programme was actively engaging with other trusts and learning from their experience. Work was being undertaken with clinicians to finalise schedules of accommodation. Consideration was being given to future proofing the facilities, for example, by lead lining theatres, more birthing pools to increase choice, digitally enabled processes and anticipating future pandemics.

With respect to maternity provision, it was noted that the number of women using the midwifery-led unit at Melton Mowbray had declined over the years. By locating it in the city, it would give more women access to the service and improve the facility. By co-locating maternity services there would be greater choice for different types of delivery. It was noted that the new building would change the way pregnant women were looked after with a more ambulatory approach.

The new build would create a front entrance for the Leicester Royal Infirmary ste and ensure appropriate access according to patients' needs.

The need to improve care for neonates was well understood, as the Trust had had to transfer a

number of neonates to other hospitals for care. The Reconfiguration Programme would increase the number of neonate cots from 42 to 70. It would also create a Transition Unit and support greater involvement of family members in care for neonates.

The reconfiguration of services would enable gynaecology services to be centralised, which would reduce inefficiencies and remove duplication across sites. It was noted that a key risk for the Women's Hospital was the constraints on workforce supply.

The presentation covered the requirement to increase capacity and improve the environment for Intensive Care. The current provision over three sites created considerable stresses including difficulty in meeting national standards, training and recruitment. The plan was to provide Intensive Care over two sites and expand the provision at the Leicester Royal Infirmary. The number of beds would increase to 48 and the design would enable greater flexibility in caring for patients requiring different levels of care. This would obviate the need for on the day cancellations for elective care.

The New Hospital Programme had required a higher percentage of single rooms than the 50% originally planned. This created a challenge for the workforce and the plan was to design pods, which would be flexible and enable patients to be cohorted.

The design was taking account of elements that would improve patient outcomes, including the use of natural light, access to outdoor space and space for rehabilitation. In addition, staff wellbeing was being considered to ensure sufficient space for rest, training and education. It was felt that by having the right design it would assist in attracting new recruits to the Trust.

The Director of Quality Transformation and Efficiency Improvement noted the need to track and record the cost improvements and patient outcomes. She considered that the Reconfiguration Programme should be used to market the Trust and promote it as an employer of choice. The Reconfiguration Programme Director noted that a work stream was being established to track efficiencies and outcomes. The Programme had to demonstrate a return on investment of a ratio of 1 to 4. This would be a complex piece of work to demonstrate true cash savings and social benefit. There would be engagement with the Transformation Team and further reports made.

The CCG Executive Director of Strategy and Planning noted that one of the concerns expressed in the public consultation was that the Women's Hospital could feel big and impersonal. There was a need for the patients' experience to be considered in the design process. The Reconfiguration Programme Director noted the point and reported that a post within the Patient Engagement team had been identified to support the project teams. There was a challenge in ensuring the right engagement at the right time and achieving the balance between clinical and stakeholder engagement. The Head of UHL Reconfiguration PMO noted that two women from Maternity Voices had been recruited to the Maternity Board which was supporting the design process.

The Reconfiguration and Transformation Committee Chair noted the need to realise all the benefits of the Programme and ensure the patient experience was reflected in the design. He added that the review of pathways should be end to end to reflect that the patients' journey starts and ends in the community.

The Director of Quality Transformation and Efficiency Improvement noted the opportunity to review the workforce and consider a skills based approach and not just assume that the provider trust directly employed the staff.

The Reconfiguration and Transformation Committee Chair asked what the process was for checking that the right people were involved in the design stage. The Reconfiguration Programme Director reported that there was a piece of work to note what design would be signed off by whom from a governance perspective. This could incorporate the point about capturing who was involved. **RPD**

<u>Recommended</u> – that (A) the contents of the report be received and noted,

and (B) that consideration be given to capturing points for patient engagement.

04/22/3 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, the creatiob of 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.

Recommended – that the report be received and noted.

04/22/4 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 buildings 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.

Recommended – that the report be received and noted.

04/22/5 Communications and Engagement Strategy

The Head of UHL Reconfiguration PMO and the Head of Communications 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 the Communications and Engagement Strategy.

The CCG Executive Director of Strategy and Planning noted the need to demonstrate how feedback from the public consultation had been used to inform the Programme and for coproduction to be referenced explicitly. She considered that there should be a central depositary for people to access information and a need to be proactive with respect to the Health Oversight and Scrutiny Committee.

It was noted that the Inclusive Decision Making Framework was considered innovative and that co-production was at the heart of the Framework. The Head of Communications acknowledged the need to ensure this was explicit within the strategy.

Recommended – that the report be received and noted.

05/22 ANY OTHER BUSINESS

There was no other business.

06/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

There were no issues to refer to the Trust Board.

07/22 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Reconfiguration Transformation Committee be held on Thursday 31 March 2022 at 11.30am (virtual meeting via MS Teams).

The meeting closed at 1.37pm Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2021-22 to date):-

Voting Members

Name	*Possible*	*Actual*	*% attendance*
A Haynes (Chair)	1	1	100
I Crowe	1	0	0
A Johnson	1	0	0
T Robinson	1	0	0
L Hooper	1	1	100
A Furlong	1	0	0

Non-Voting Members

Name	*Possible*	*Actual*	*% attendance*
A Carruthers	1	1	100
D Kerr	1	0	0
M Durbridge	1	1	100
J Jameson	1	0	0
N Topham	1	1	100
H Kotecha	1	1	100
S Prema	1	1	100
R Vyas	1	0	0
J Hammond	1	1	100