

Trust Board paper G8

Meeting title:	Trust Board
Date of the meeting:	12 February 2026
Title:	Escalation Report from the Our Future Hospitals and Transformation Committee (OFHTC): 28 January 2026
Report presented by:	Dr Andy Haynes, OFHTC Non-Executive Director Chair
Report written by:	Dr Andy Haynes, OFHTC Non-Executive Director Chair

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	Not applicable					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
BAF risk 5 (OFH Estates – 02 & 03)						
Impact assessment						
N/A						

Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust’s Our Future Hospitals and Transformation Committee (OFHTC).

Summary

The OFHTC met on 28 January 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Trust Board, and sets out the OFHTC’s level of assurance.

There are no items requiring formal recommendation to the Trust Board from the January 2026 OFHTC meeting.

This escalation report follows the new quadrant template, focusing on assurance levels and aiming to provide an ‘at a glance’ report from the Board Committees. The template covers: **key escalations; actions to take outside the Committee; positive assurances, and decisions taken.**

The escalation report also sets out any items recommended for Trust Board approval, and any items referred to other Committees.

The report is not intended to be a narrative account of all issues discussed at the meeting.

Key escalations to notify the Board	Actions to take outside of the committee
<p>BAF Risk 05 OFH-03 NHP</p> <p>Mott Macdonald report on RAAC schemes has indicated slippage on delivery to 2032/3 and increased costs. NAO update in January has suggested likely delivery date for wave 2 schemes is 2038/9. This could mean wave 2 schemes move forward to SOC delivery quicker than expected and UHL should be ready for this. Expected update by the end of March 2026. (Moderate Assurance)</p>	<p>Progress on working with ICB to understand community space available in LLR and opportunities to create new pathways which will interface acute and community care whilst benefitting UHL urgent care and elective demand growth</p>
Positive Assurance taken	Decisions taken
<p>BAF Risk 05 OFH-03 NHP</p> <ul style="list-style-type: none"> • Live projects: <ul style="list-style-type: none"> Aseptic Unit: slipped into 27/28 in Capital Plan. Impact of national announcement on funding for “superhubs” awaited Urgent Treatment Centre: On track. Mobilisation by end of January and on site February 26 Additional funding to LLR for CDCs (£27.5m) and UEC (£23.75m) schemes. Scoping and feasibility in train for: <ul style="list-style-type: none"> LGH CDC to consolidate existing and look at innovative provision. Pathways in scope must bring benefits to UHL issues City CDC scope and site under consideration Relocation of Cardiology corridor to create more gen Med beds at GH Relocation of OP from Balmoral L1 to create SDEC village MIaMI refurbishment to create a Discharge Lounge Overall on track (Moderate Assurance) <p>BAF Risk 04 Digital-04 02 Digital Solutions Adoption and Usability Gaps in aligning UHL UHN and the reliance on hybrid paper/digital platforms and use of multiple systems</p> <p>BAF Risk 04 Digital-04 03 Digital Innovation, Data and Technology Use Gaps in Power BI governance framework/Trustwide licences and fragmented data EPR Update</p>	<p>The Automation updates for OFHTC and PCC had different emphasis. Discussion and recommendation that any update for Board should bring together the patient/staff benefits and staff/organisational updates into one paper given the impact and importance of the work</p>

<p>Clinical documentation: 36% complete EPMA: April Go Live for EMPCC, Gynae, Ophthalmology, Gen Surg, ENT, HPB, Spinal Order Comms: design moving into build phase Self Check In: testing and deployment phase Automation Update Digital transcribing: live testing with 18 consultants progressing well Medical Workforce Automation: delayed due to problems found in testing Discharge Letters: short term solution in place (different for UHL and UHN) whilst development continues on the NerveCentre Patient App: progressing to EMAP pilot Data Quality Dashboard: developed across UHL and UHN expected to Go Live this summer UHL UHN Group Data: in validation for submission to NHSE in March</p> <p>(Moderate Assurance)</p> <p>Quarterly QI Update 2 additional staff with a focus on digital transformation Supporting Bain work in Orthopaedics, Cardiology and EMPCC First wards accredited in the LEAF programme Chief Nurse Fellows completing improvement projects My QI progressing at predicted pace for resource available. Deputy Chief Executive is the SRO and reporting to TLT and OFHTC</p> <p>(Moderate Assurance)</p>	
<p>Items recommended for Board approval:</p>	
<p>None</p>	
<p>Items referred to other committees:</p>	
<p>Review of procurement routes for building schemes and value for money in the use of external services for building schemes to come to FIC</p>	

SIGNIFICANT ASSURANCE	Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only insignificant residual risk. There may be external evidence to corroborate this view
MODERATE ASSURANCE	Good understanding of the issues, a clear plan with timescales that are credible and deliverable but some action still required. The residual risk is more than insignificant
LIMITED ASSURANCE	Recognised material weaknesses which may be incomplete understanding of the issues or an action plan which is not comprehensive, credible or deliverable. A significant amount of residual risk remains
NO ASSURANCE	A fundamental failure to understand the issues. An action plan is inadequate with fundamental gaps, weaknesses or breakdown in compliance. A significant of residual risk remains and immediate action is required