Trust Board paper G9

Meeting title:	Trust Board
Date of the meeting:	11 September 2026
Title:	**Escalation Report from the Our Future Hospitals and Transformation Committee (OFHTC): 29 July 2026**
Report presented by:	David Moon, Non-Executive Director
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 6(1) – Digital Capability & Transformation BAF Risk 6(2) – Cyber Security & Digital Resilience BAF Risk 8(1) – Estate Safety, Compliance & Service Capacity						
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

OFHTC met on 29 July 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 July 2026 OFHTC meeting.

This escalation report follows a 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
BAF Risk 06 Digital: Digital capability and enabling transformation Gap: Data quality, fragmentation, group wide governance and decision making UHL and UHN have been pursuing a single Laboratory Information Management System (LIMS) under the ME2 NHSE Pathology Network plans. There have been procurement, financial and commercial constraints which have impacted progress. The intention is still to have a single LIMS system across UHL and UHN but clarity on contractual arrangements (legacy and new) is still required. Relevant task forces and a weekly Steering Group are in place. OFHT recognised the benefits of a single system and supported the suggested model with a single contract. An update will come through the digital reporting workplan for OFHT. **(Moderate Assurance)**	
Positive Assurance taken	**Decisions taken**
Hinckley CDC update Open for a year the time of report. Activity to plan is now 92% (compared to 70% at the end of 2025) with Imaging at 85% and Endoscopy at 86%. Significant progress. Over 6000 patients a month are seen closer to home. Activity at the CDC has increased 20% compared to a 7% reduction in central UHL facilities showing evidence it is relieving pressure on the acute site with a knock on benefit on DM01 Diagnostics targets. Use of rotational posts has worked well and pay costs have been reduced. Very positive patient feedback. Very positive new process approach; direct booking for walk in CXR and phlebotomy, pre clinic XR for fracture clinic, endosponge and transnasal gastroscopy reducing pressure on urgent cancer referrals and plans for blood/imaging screening for ovarian cancer referrals. Very positive with lessons for other planned developments **(Strong Assurance)**	

QI Update Currently 3.8% of staff have completed a QI training programme and completed a project. At this rate of progress it will take 10yrs to target the 20-25% level which evidence supports as a tipping approach. A key issue in this has been the support for trained staff to develop and be involved in projects at service and directorate level. A proposed change in the training model to target key leadership staff at service level was supported. The need to better co-ordinate and target higher level QI input to services like Orthopaedics and Maxillofacial surgery was highlighted at the Operational Performance Committee in this cycle. The clarity on governance arrangements with the QI team reporting in to the COO should help with this. **(Moderate Assurance)**	
Items recommended for Board approval:	
None	
Items referred to other Board Cttes	
None	

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