

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)**  
**MEETING HELD ON THURSDAY 31 OCTOBER 2024 AT 10.00 AM Via Microsoft Teams**

**Voting Present:**

Dr A Haynes MBE - OFH&TC Non-Executive Director Chair  
 Prof A Garcea - Associate Non-Executive  
 Mr S Linthwaite - Deputy Director of Finance

**In Attendance:**

Ms R Briggs - Associate Director of Operations (Projects)  
 Mr A Carruthers - Chief Information Officer  
 Ms B Cassidy - Director of Corporate and Legal Affairs  
 Mr C Evans - EPR Programme Director  
 Ms D Green - Interim Ofh Programme Director  
 Mr R Manton - Head of Risk Assurance  
 Ms S Prema - ICB Strategic Director  
 Mr W Monaghan - Chief Digital Information Officer  
 Ms A Moss - Corporate and Committee Services Officer  
 Ms M Smith - Director of Communication and Engagement

**RESOLVED ITEMS**

**88/24 WELCOME AND APOLOGIES**

Apologies for absence were received from Mr S Barton, Deputy Chief Executive, Mr D Moon, Non-Executive Director, Mr B Teasdale, Our future hospitals Associate Medical Director, Mr A Furlong, Medical Director, Prof T Robinson, Non-Executive Director, Ms K Ceesay, Deputy Chief People Officer, Mr N Bond, Interim Director of Estates and Facilities, Ms H Kotecha, Healthwatch and Mr L Bond, Chief Financial Officer, (for lateness).

**89/24 QUORACY**

The meeting was quorate.

**90/24 DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**91/24 MINUTES**

**Resolved** – that that the Minutes of the Our Future Hospitals and Transformation Committee held on 23 September 2024 be confirmed as a correct record.

**92/24 MATTERS ARISING**

Paper B detailed the position of any outstanding actions from previous OFH&TC meetings.

**Resolved** – that any updates now provided be reflected in the next iteration of the OFH&TC action log.

**NAMED LEADS**

**93/24 KEY ISSUES FOR DISCUSSION**

**93/24/1 REPORT OF THE DEPUTY CHIEF EXECUTIVE**

**Resolved** - that this Minute be classed as confidential and taken in private accordingly.

93/24/2 East Midlands Planned Care Centre (EMMPC)

The Associate Director of Operations updated the Committee on the planning opening of the EMPCC (paper D refers).

The Centre would open on 9 December 2024 as planned, The handover from the construction company would take place on 4 November 2024. There was a day-by-day plan to map the actions needed for the centre to open. The risks to the project which had been reported to the Committee previously were noted. There had been significant progress in recruiting staff and weekly escalation meetings to ensure recruitment was being expedited and recruits given start dates. Induction and training would be undertaken in the Centre in the last two weeks of November 2024. Progress had been made with respect to digital innovations. The self-check-in facility was undergoing technical and user acceptance testing. Work would be progressed to refine a business continuity plan.

Estates and Facilities confirmed there would be an additional 150 car parking spaces at Leicester General Hospital over and above the current capacity when EMPCC opened.

There was a capital project to create extra space for Trust Med to support outpatient pharmacy. This would be in place by February 2025 and there was a mitigation plan for the interim period.

The Centre would open at 75% capacity and work to increase this to business case levels over Quarter 4 2024/25. Dr A Haynes, Non-Executive Director Chair, asked whether there were sufficient anaesthetists recruited as that would impact on all specialities. The Associate Director noted that there were candidates who were already working in the Trust. Recruitment was proving difficult for the Ear, Nose and Throat consultant.

Dr A Haynes, Non-Executive Director Chair, asked whether the Centre was on track for digital delivery. The Chief Information Officer noted that whilst the timescales were tight, there was good support, and he was confident it would be delivered. The Chief Digital Information Officer cautioned of the need to expect some technical issues and a need for optimisation and fixes when the system went live, as would be expected with any deployment. He added that the Trust had a good track record of deploying IT systems and this deployment was relatively small scale. In response to questions, it was confirmed that the floor walkers, trainers and technical support would be on hand when the system was deployed.

The Committee commended the progress and highlighted the shortfall in car parking. The Associate Director noted that this would be a key consideration with respect to lessons learnt and for the new build Endoscopy Unit due to open in August 2025.

**Resolved – that the report be received and noted.**

93/24/3 Patient Administration System Replacement – Update

The Chief Information Officer and EPR Programme Manager reported on the plan to replace the Patient Administration System (PAS). Paper E was considered in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

The EPR Programme Manager noted that following completion of the new system development, testing was fully underway. There were key workstreams to address operational readiness and cut over to enable the system to go live in spring 2025. The Trust was subject to an NHSE assurance process and had received relatively positive feedback with respect to Stage 4. The formal feedback would be presented to the next Committee meeting. The next stage would be 4.5 assurance which would commence immediately. User acceptance testing, data migration and system migration were the current focus for Programme Team. There would be a report to the Trust Leadership Team to review the 'go-live/no go-live' decision and then private Trust Board in December 2024.

The Associate Director Operations (Digital) was reviewing the impact of the downtime needed for system cutover on activity and consequently income. The Deputy Director of Finance expressed concern about the ability of the Trust to report on activity and close down the accounts at the end

of year, if the deployment was close to year-end. The Chief Information Officer acknowledged the issue noting that NHSE had been very clear that the Trust could not have a 'reporting holiday' and that premise had been baked in from the start. He noted there were two aspects to the risk. Firstly, there was the issue of data being captured and correctly and pulled through to reports. Secondly, there would be a reduction in activity. The cutover was planned for a weekend to minimise the impact on operational activity.

Dr A Haynes, Non-Executive Director Chair, noted that by cutting over at a weekend, there would be problems for out-patient clinics scheduled for the Monday morning. He noted that Friday afternoons were quieter for outpatient clinics. The Chief Information Officer replied, noting there would be a period of time when no system would be available. The old system would be closed down and data migrated to the new system. There were a number of interdependences and outpatients was only part of the activity affected. The EPR Programme Manager agreed to report back on the metrics for the cutover process.

EPR PM

The Committee considered that the Trust was in a better position than it was three or four months ago, and progress had been made.

The Chair asked for the report to enable the Committee to monitor progress (in line with the plan set out in Appendix 1 of the report) and to receive the NHSE evaluation.

**Resolved – that (A) the report be received and noted, and**

**(B) a further report be made on progress on the 'Summary Block Plan', metrics for cutover and NHSE Evaluation.**

EPR PM

#### 93/24/4 Electronic Record Programme Update

The EPR Programme Manager reported on the programme for the Electronic Record Programme (Paper F). The report was considered in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

The report noted achievements in the last quarter including the Outpatient Pilot, EDU Paperlite, and Live Flow and Bed Management Updates.

The digital innovation for EMPCC and the replacement of the PAS would significantly increase the footprint of the EPR and would be the focus for the remainder of the next few months. In addition, there would be the deployment of an EPR for Maternity and Neonatal services. The System would be supplied by BadgertNet. A further upgrade to Nervecentre to version 8.1 would go live on 6 November 2024 and was a prerequisite to the deployments in EMPCC and PAS.

The Programme Manager noted the risk to the Programme as funding, size and stability of the team and the hybrid methods of patient documentation (digital/paper overlaps). The work undertaken with Channel 3 would inform the mitigation for the risks to funding and resources required. There was a governance process to prioritise further deployment of the system.

The Chief Information Officer noted that at the beginning of the year there had been uncertainty with respect to funding and the work had been planned according to the available resource. This meant the replacement of PAS was the main priority. However, in addition, the Team had delivered on other aspects of the programme. The ED Paperlite had been extended to EDU and the intention was to extend it, in future, across urgent and emergency care and the Clinical Decisions Unit. He added that whilst there was a good grip on costs, the Programme was heavily reliant on short-term contracts which created risks.

Dr A Haynes, Non-Executive Director Chair, asked about the hybrid documentation and whether the risk should be referenced on the Board Assurance Framework. He asked about the scale of the risk and mitigating actions. The Chief Information Officer noted that it had been discussed at the Risk Committee and the description was evolving. There were mitigations and more detail captured on the organisational risk register. He added that it was useful to hold in mind when considering how fast to progress with the full deployment of EPR which ultimately would mitigate

the risk. The Head of Risk Assurance confirmed that the risk was managed on the operational Risk Register.

The Committee took assurance from the progress made and noted that a business case would be submitted in November 2024 to fully implement the EPR.

**Resolved – that the report was received and noted.**

93/24/5 Patient Facing Digital Solutions

The Chief Information Officer reported on the plan for Patient Facing Digital Solutions as requested by the Trust Board in July 2024. Paper E was considered in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

It was noted that as the Trust improved digital maturity it would increase access for patients in ways that were tailored to their needs. This would support the work on health equality and inclusion as discussed at recent Trust Board meetings.

There was work to do on the Accessible Information Standard and enabling patients to access their records and details of appointments. This work hinged on the replacement of PAS, as the new system provided more capability. The current system did not allow capture of patients' needs, communication preferences, email addresses, mobile numbers. Moving to a modern system that allows this would support the Trust to better tailor communications in line with patients' needs.

Nervecentre was developing a patient app and the Chief Nursing Information Officer was leading a group to co-design the product.

Digital wayfinding technology would be trialled at the Leicester General Hospital and in the EMPCC. This would make services more easily accessible for patients who may otherwise find navigating their way around site challenging and reduce the rate of 'Did Not Attends'. A report on the trial would be presented to the Committee early in 2025.

The Director of Communication and Engagement noted the opportunities that technology provided to support health equalities and inclusion. She noted the work with the patient and public digital reference groups and the possibility of funding to support the community in delivering digital training. Prof A Gareca, Non-Executive Director, highlighted the importance of working with the System and ensuring that work was not duplicated, and patients had a single point of access.

**Resolved – that the report be received and noted.**

93/24/6 Clinical Digital Review Themes and Action Update

The Trust had commissioned an external review of clinical digital governance. The Committee received the report on the review and associated action plan in May 2024. The Chief Information Officer provided an update on those actions (paper H refers).

The Group Chief Digital Information Officer had reviewed governance structures and planned to establish group-level governance. The East Midlands Acute Providers Digital Design Collaborative initiative had made significant progress, and other trusts will support UHL's Patient Administration System implementation. A specialist consultancy, Channel 3, was supporting the Trust in building a digital vision for the Trust and developing a business case to full implement an Enterprise Patient Record. The focus for the next few months would be on addressing identified risks and business continuity.

The Chief Digital information Officer noted the work done so far had created the building blocks for the EPR and, following the replacement of PAS there was the opportunity to unlock greater benefits by fully implementing the EPR. The business case would be presented to the Finance and Investment Committee in November 2024, in line with the planning timetable. The UHL/UHN Digital Strategy would be received by the Private Trust Board in January 2025.

Dr A Haynes, Non-Executive Director Chair, welcomed the report and progress made, he noted the issue about the bottleneck for innovation created by the lack of resources and whether this should be reflected on the Board Assurance Framework.

Prof A Garcea, Non-Executive Director, asked with respect to the clinical engagement and leadership how the Trust would know if it was doing well. The Chief Information Officer noted that the review was benchmarked on the NHSE framework 'what does good look like' and the review had been undertaken by an external company. He expressed confidence in the progress made as there was increased engagement and clinicians were leading developments. He cited the example of ED Paper Lite which was led by clinical and operational teams in the Emergency Department. The Associate Director, Operations, added that the EMPCC as a good example of a change management process supported by technology and IMT support. She reflected that there was more work to do to engage with operational teams and the lessons learnt from EMPCC would be an opportunity to get others involved. The Chief Information Officer noted that previous deployments impacted on clinical rather than operational staff. Learning from EMPCC, there was a need for operational digital leadership at the right scale in the organisation. He agreed to add an action to that effect in the plan for the Clinical Digital review.

CIO

**Resolved – that (A) the report be received and noted, and**

**(B) the Clinical Review Action Plan be updated to reflect the need to ensure operational digital leadership.**

**94/24      CONSIDERATION OF BAF RISKS IN THE REMIT OF THE COMMITTEE**

94/24/1      Board Assurance Framework (BAF Report)

The Committee noted paper I, Board Assurance Framework and the risks within its remit Risk 8 - 'IT infrastructure unfit for the future'. The changes and updates to the narrative were noted in red text. The Chair noted that the Committee's discussions had covered all aspects of the risk excepting cyber security. The Head of Risk Assurance noted that he had discussed with the Chief Digital Information Officer about representing the risk on the BAF to reflect technology, process and people.

The Head of Risk Assurance confirmed that the risk relating to hybrid methods of patient documentation was managed on the operational Risk Register.

The Chief Digital Information Officer noted that the Committee considered IMT with respect to its future state. There was a need to also report on the current provision, infrastructure, operational performance and the 'digital experience'. He noted that he would be talking to the Director of Corporate and Legal Affairs about the appropriate governance route.

Dr A Haynes, Non-Executive Director Chair, considered that the Risk no.8 had decreased and questioned whether the score should be lower. He reflected that a few months ago the Committee had not felt assured about the replacement of PAS and that further assurance had been provided. The Chief Digital Information Officer proposed that the Committee await the sign-off for the EPR Business Case and feedback from NHSE with respect to the PAS project.

**Resolved - that the report be received and noted.**

**95/24      ITEMS FOR NOTING**

There were no items for noting.

**96/24      ANY OTHER BUSINESS**

There was no other business.

**97/24      IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following items be highlighted to the Trust Board for information:

- Ofh Programme – on-going risks
- EMPCC progress
- PAS and EPR – assurance provided

**98/24 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the Our Future Hospital and Transformation Committee be held on Monday 25 November at 1.00 pm via MS teams.

The meeting closed at 11.23 am

Alison Moss – Corporate and Committee Services Officer

**Cumulative Record of Members’ Attendance (2024-25 to date):**

**Present**

Name	Possible	Actual	% attendance
A Haynes (Chair)	6	6	100
2 Non-Executive Directors to be confirmed			
S Barton	6	5	83
M Brearley (from June 2024)	2	1	50
L Bond (from August 2024)	2	1	50
N Bond (from April 2024)	6	2	33
A Carruthers	6	5	83
A Furlong	6	3	50
L Hooper (until May 2024)	2	0	0

**In attendance**

Name	Possible	Actual	% attendance
R Mitchell	6	0	0
J MacDonald (until end June 2024)	3	0	0
V Bailey	6	0	0
M Farmer	6	1	17
A Garcea	6	4	80
D Green (from August 2024)	2	2	100
S Harris	6	0	0
D Moon	6	4	66
A Moore	6	0	0
B Patel (until July 2024)	4	3	75
T Robinson	6	1	17
J Worrall (until August 2024)	4	0	0
N Topham (until August 2024)	4	3	75
R Manton	6	5	83
B Cassidy	6	5	83
H Kotecha	6	0	0
S Prema	6	3	50
M Smith	6	3	50
Representative from People Services	6	3	60