

Trust Board paper F4

Meeting title:	Public Trust Board				
Date of the meeting:	12 December 2024				
Title:	Escalation Report: Our Future Hospitals and Transformation Committee 25 November 2024				
Report presented by:	Dr Andy Haynes MBE, OFH&TC Non-Executive Director Chair				
Report written by:	Alison Moss, Corporate and Committee Services Officer				
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 8 (IT infrastructure) BAF risk 9 (Estates Project) -1	
Impact assessment	
EMPCC - East Midlands Planned Care Centre EPR – Electronic Patient Record FIC Finance and Investment Committee	LGH - Leicester General Hospital NHP - New Hospital Programme PAS – Patient Administration System

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Our Future Hospitals and Transformation Committee and escalate any issues as required.

2. Recommendation

To note the report.

3. Summary

The Committee met on 25 November 2024. The meeting was quorate and considered the following reports.

4. Discussion Items

4.1 Our future hospital Programme Update

In line with the review announced by the Chancellor for all Trusts in the NHP, UHL’s allocation will not be known until the new year and possibly not until March 2025. The Trust is unable to draw down funding to progress the Strategic Outline Case (SOC) at this stage, but this has been underwritten by UHL. There is a Memorandum of Understanding that UHL will receive funding from NHP for 2024/25. The funding has yet to be received and the Trust agreed to underwrite the costs ‘at risk’.

Work on the SOC is progressing and on track to be submitted in February 2024. The Trust raised a number of questions with NHP around demand and capacity, schedules of accommodation, and RIBA design Stage 1 (and how Hospital 2.0 could be applied given the site constraints). NHP agreed to provide further clarification which is awaited.

4.2 East Midlands Planned Care Centre (EMPCC)

The Centre will open on 9 December 2024 and deliver 80% of the planned activity at the outset. The building has been handed over from the contractor and snagging issues are being addressed. Progress has been made with respect to the digital elements of the schemes, including self-check-in and extending the outpatients pilot to the Centre. Across the Trust, medical day cases are based on a paper system and when the Centre opens there will be some digital solutions. It is estimated that 200 additional car parking spaces will be needed, an additional 150 will be available when the Centre opens. The new facility for TrustMed Pharmacy will open in February 2025 and mitigations are in place for the interim period.

The Committee notes that whilst the planning has been thorough, there is bound to be unforeseen issues when the Centre opened. For the longer term there is a need to ensure the target operating model is embedded and a post project evaluation undertaken.

4.3 Patient Administration System Replacement –update *(in mitigation of BAF risk 08 'IT infrastructure unfit for the future')*.

The Committee noted the progress made to replace PAS. The focus has shifted from product readiness to organisational readiness. There is a lot of work to do with respect to testing and data migration. The report set out draft criteria to inform when to 'go live' which is provisionally scheduled for a weekend in March 2025. The criteria will be reviewed by the Chief Operating Officer. There is work to review the impact of staff taking annual leave as this is customary at the end of the leave year. Another issue is the impact on taking activity down given the proximity to the end of the financial year. The Committee discussed the impact on productivity in the short-term.

The Committee is assured that progress had been made and the project is in a better position than previously.

The Committee highlights the need for an informed decision to 'go-live' for information.

4.4 Electronic Record Programme (EPR) and Business Case Update *(in mitigation of BAF risk 08 'IT infrastructure unfit for the future')*.

The Committee noted the scope of work planned for 2024/25 and progress made. The main focus is the replacement of the PAS. The EPR for neonatal services will be implemented in January 2025. The development of the EMPCC has introduced new capabilities such as self-check-in and the out-patient module. There is work being undertaken to mitigate the risk of hybrid working when staff are using both paper and electronic systems. The Project Team has accelerated work for other activities, including Fit Notes, Sepsis and removing some paper systems from Clinical Decisions Unit.

The Committee received an update on the benefits, plan options and financial case for ongoing delivery of EPR. The choice for the Trust will be about the pace at which it wants to progress to achieve the benefits. The Business Case, setting out the financial case, will be presented to FIC in December 2024 and Trust Board January 2025.

The Committee endorses the plan to accelerate the implementation of the EPR noting that further work is needed to validate the financial case.

5. Board Assurance Framework

The review of BAF Risk 8, Digital IT infrastructure unfit for the future, has been completed with the highest risk score currently assessed at 20. This comprehensive review by the Chief Digital Information Officer included updates to risk themes, descriptions and reference numbers. The Committee approved reductions in the current risk scores for four specific sub-risks under the overarching digital infrastructure risk, as follows:

- 08-Digital-1: Technology - Critical operational digital system changes
The likelihood rating has been reduced from 5 (Almost Certain) to 3 (Possible), resulting in a risk score reduction from 20 to 12 (tolerable level). This reflects progress in the PAS project outlined in the PAS paper to the Committee, which has moved from the development phase to trial loading and enhanced testing, alongside positive feedback from NHSE and assurance around improved grip and control.
- 08-Digital-4: Process (Procurement) - Central NHS procurement decision-making and reliance on a single vendor and their capacity to deliver
The likelihood rating has been reduced from 4 (Likely) to 3 (Possible), lowering the risk score from 16 to 12 (tolerable level). This decision is based on the agreement of new commercial terms with Nervecentre, incorporating risk-sharing arrangements and collaboration across the EMAP Trusts' customer base.
- 08-Digital-6: People (Benefits) - Insufficient investment in digital benefits realisation
The impact rating has been reduced from 4 (Major) to 3 (Moderate), decreasing the risk score from 16 to 12 (tolerable level). This reflects strengthened recovery controls for Digital Benefits Realisation.
- 08-Digital-7: People (Roles & Cultures) - Organisational needs not well understood, and clinical safety not assessed
The likelihood rating has been reduced from 4 (Likely) to 3 (Possible), bringing the risk score down from 16 to 12 (tolerable level). This improvement is attributed to the enhanced effectiveness of the Digital Champions Network.

There are no significant proposed changes to BAF Risk 9, Estate Infrastructure unfit for the future, which has a current risk score of 20. The Committee noted the updates in red text this month.

6. Any other Business

The Committee requested an update on the opportunity for transforming pathways provided by the opening of the Community Diagnostic Centre at Hinckley.

7. Date of next meeting – 20 December 2024