

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)**  
**MEETING HELD ON WEDNESDAY 24 JULY 2024 AT 1.00 PM Via Microsoft Teams**

**Voting Present:**

Dr A Haynes MBE - OFH&TC Non-Executive Director Chair  
Mr S Barton - Deputy Chief Executive  
Mr A Furlong - Medical Director  
Mr D Moon - Non-Executive Director  
Mr T Robinson – Non-Executive Director

**In Attendance:**

Mr M Archer - Head of Operations  
Mr S Bailey - EPR Programme Director  
Mr N Bond - Interim Director of Estates and Facilities  
Mr M Brearley - Interim Chief Financial Officer  
Ms B Cassidy - Director of Corporate and Legal Affairs  
Mr S Linthwaite – Deputy Director of Finance  
Mr R Manton - Head of Risk Assurance  
Ms A Moss - Corporate and Committee Services Officer  
Ms S Prema - ICB Chief Strategy Officer  
Ms S Taylor - Deputy Chief Operating Officer  
Mr B Teasdale - Our Future Hospitals Associate Medical Director  
Ms N Topham - Ofh Programme Director  
Ms M Vohra – Deputy Chief Information Officer

**RESOLVED ITEMS**

**66/24 WELCOME AND APOLOGIES**

Apologies for absence were noted from Mr A Carruthers, Chief Information Officer (Mr M Vohra deputising), Prof Aruna Garcea, Associate Non-Executive Director, Ms K Ceesay, Deputy Chief People Officer and Ms M Smith, Director of Communication and Engagement.

**67/24 QUORACY**

The meeting was quorate.

**68/24 DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**69/24 MINUTES**

**Resolved** – that that the Minutes of the Our Future Hospitals and Transformation Committee held on 19 June 2024 be confirmed as a correct record.

**70/24 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**

## 71/24 KEY ISSUES FOR DISCUSSION

### 71/24/1 EPR – Resourcing and Benefits

The EPR Programme Director, presented paper C which updated the Committee on the Electronic Patient Record (EPR) Programme. The report was considered in mitigation of BAF risk 8-FIC 'IT infrastructure unfit for the future'.

The programme had recently achieved the deployment of the Emergency Department Paperlite; Paediatric E-Meds; Speech and Language Therapy modules. The Outpatient module was being piloted and its wider deployment of the Outpatient module was dependent on the replacement of the Patient Administration System (PAS). Nervecentre had been upgraded to version 8 which provided the foundation for further development.

It was noted that the improved functionality would need on-going optimisation and enhancement to ensure full adoption and benefits realisation. The continued success of the Programme was dependent on available capital investment. Given the constrained resources the focus for this fiscal year was on the replacement of PAS and the maternity and neonatal EPR.

Noting that the Programme was not able to meet all the demands this year, Dr A Haynes, Non-Executive Director Chair, asked how requests for IT development were prioritised. The Programme Director noted that each request was scored on their operational, clinical and financial impact and ranked accordingly. The Chair asked that any significant risks in the delay in responding to the risks were reported to the Committee.

In order to deliver the PAS, the Trust also needed a new data warehouse. The Trust had chosen to use the NHS Federated Data Platform. Dr A Haynes, Non-Executive Director Chair, noted that many trusts had spent years trying to optimise their data and whether the Federated Data Platform would help with that. The Programme Director noted that the Trust would be an early adopter, so this was unknown. The Chair considered there was a need for a business intelligence strategy.

In respect to a question from Mr D Moon, Non-Executive Director regarding the testing of data, the Programme Director provided assurance with respect to the processes for data migration and testing, noting that systems would be run in parallel to mitigate risks.

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

### 71/24/2 Patient Administration System Replacement – status update

The Associate Director of Operations (Digital) reported on the plan to replace the Patient Administration System. Paper D was considered in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

It was reported that, as a consequence of the user engagement, there had been a number of requests for changes and for additional functionality of the PAS. Work was being done to agree what would be a minimum viable product and prioritise requests to ensure the product was ready for go-live. It was anticipated this work would be completed by 16 September 2024. At this point, milestone 4, there would be review of the go-live date and timelines for testing and training agreed.

Mr D Moon, Non-Executive Director, asked about the level of confidence that PAS could be replaced in Quarter 4 2024/25. The Associate Director of Operations noted that there were risks, as the timescales were tight, but he considered the plan was achievable and realistic. There was a degree of momentum to ensure the pace to deliver.

Given the feedback received from the initial testing and the number of requests made, the Head of Operations reflected that this phase should have been elongated in the project plan.

Considerable work was being undertaken to standardise operating processes and this would be the focus for the work of the change management team.

It was reported that in addition to existing assurance processes, at the point of go-live the Trust would need to submit to an NHSE assurance process.

Dr A Haynes, Non-Executive Director Chair, observed that it was always going to be challenging to be the first in class and that there would be more requests for additional functionality. He asked at what point the Team should stop accepting requests. The Associate Director of Operations noted that he and the EPR Programme Director would be undertake a final review of the requests and only accept business critical requests prior to deployment.

There would be a need, following go-live, to progress the outstanding requests to ensure incremental improvement and support continual staff engagement. The Associate Medical Director highlighted the need to ensure clinical, operational and IMT capacity to ensure the EPR was optimised. He added that there were hidden costs of working with a developer rather than an purchasing an off-the-shelf product. The hidden costs were the staff time needed to support the development.

The need to ensure on-going engagement was noted and it was suggested that a metric be developed to measure that. It was noted that a third party had been engaged to assist the Trust in measuring the benefits of the project.

HoO

Dr A Haynes, Non-Executive Director Chair, asked whether the report of the PAS review by MBI Technologies, which was supporting the Trust, could be circulated to Non-Executive Directors.

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

**(B) the report received from MBI Technologies, be circulated to the Non-Executive Directors.**

HoO

71/24/3

**Interim Reconfiguration Project Post Project Evaluation Report – updated 2024**

The Deputy Chief Operating Officer presented paper E and the evaluation of the project to relocate Level 3 Intensive Care Unit (ICU) and associated services off the Leicester General Hospital site (LGH).

The project had started in 2018 to address the risks relating to staffing ICUs over three sites. The objective was to move those services requiring an ICU off the LGH site to enable the ICU to be down graded to a High Dependency Unit (HDU). However, as the project progressed the scope was expanded and further complicated by the lack of medical beds to enable wards to be decanted. The project involved moving 19 clinical services over a three-month period. Post project analysis of the benefits had proved complex due to the impact of the pandemic and industrial action.

The Committee noted the successful implementation of the project, the positive benefits and residual risks.

This project provided an interim solution for level 2 and 3 provision within UHL, in line with the Our Future Hospitals Reconfiguration Programme. Further reconfiguration had been delayed which impacted upon the sustainability of the HDU at LGH. Additional medicine beds had been located at LGH which increased the demand on HDU and cross-site transfers of deteriorating patients. Further work would be undertaken to consider support mechanisms for staff at LGH.

Mr D Moon, Non-Executive Director, asked why the benefits had been assessed at the end of 2022/23 and whether there was a later assessment. The Deputy Chief Executive noted that whilst it had been a major project, it was part of a wider Programme and needed to be seen in that context. The specialties which moved to Glenfield Hospital had benefited positively from the project but there remained issues for the Clinical Management Group overseeing intensive care. He added that the demand on the emergency care pathways had the potential to undermine the Trust's strategy and increase the number of medical beds.

Dr A Haynes, Non-Executive Director Chair, questioned whether there were lessons to be learnt as to how the Trust accounted for sessions and whether the Trust could adopt a standard approach to post project evaluations. He questioned whether the risks around the HDU were

reflected on the Trust's Risk Register. The Deputy Chief Operating Officer thought so and undertook to confirm.

DCOO

The Ofh Programme Director reported that a new workstream had been established to review the operational and clinical sustainability of the Leicester General Hospital. This workstream would look at the various risks including elective Orthopaedics.

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

**(B) confirmation ne provided that the risks pertaining to the HDU at LGH are on the Trust's Risk Register.**

DCOO

71/24/4 Our Future Hospitals Live Projects

Introduced by the Deputy Chief Executive, the Associate Medical Director reported on the live capital projects (paper F). The East Midlands Planned Care Centre (EMPCC) was on track to open on 9 December 2024. The Target Operating Model would be presented to the next meeting. The risks for the Project were appended to the report. Risks relating to the recruitment to posts had been escalated and mitigations agreed. As the replacement of the Patient Administration System would not happen before the Centre opened, alternative plans were being developed. It was noted that Medical Day Cases operated on manual paper systems and the processes were being scoped into the next release of the Nervecentre system. As a consequence, the Target Operating Model would be implemented incrementally. The risk relating to car parking would be mitigated as 90 spaces would be available when the construction compound was vacated.

The cost pressures, previously reported to the Committee, for the Endoscopy Unit had been resolved. NHSE had agreed to fund £958k of the £1.4m shortfall. Capital Management and Investment and Committee had agreed to fund the remaining amount from the 2025/26 capital plan. Contract negotiations would conclude that month to enable construction to be recommenced with a completion date scheduled for July 2025. The Unit would go-live in August 2025. There would be work with the Speciality to develop the Target Operating Model.

The Leicester Royal Infirmary RI Enabling Business Case had been approved by NHP and was awaiting approval from NHSE's Joint Investment Committee in September 2024. The Trust was progressing the Full Business Case 'at risk' and a draw down of funds had been requested. With respect to the Glenfield Enabling Works, it was noted that this had been paused.

There was a potential overspend with respect to the capital works for the Leicester Diabetes Centre which presented a material risk. A process of value engineering had commenced. There would be liaison with the University of Leicester. The position would be reported to the next meeting.

There would be a review of the long-terms sustainability of the Leicester General Hospital Site, taking account of the strategic, operational and clinical requirements to care for low acuity cases on the site.

Mr D Moon, Non-Executive Director, asked whether the job plans of consultants had been drawn up to cover the additional activity for the EMPCC. The Associate Medical Director confirmed.

**Resolved – that (A) this report be received and noted, and part of this minute be classed as confidential and taken in private accordingly.**

71/24/5 EMPCC Travel and Parking Review – update

The Interim Director of Estates and Facilities gave a verbal report on the actions taken to support travel and car parking for the East Midlands Planned Care Centre (EMPCC). The report presented to the Committee in March 2024 noted the requirement for an additional 99 car parking spaces for staff and 54 for the public.

Funding had been allocated to provide an additional 55 spaces adjacent to the EMPCC and permits for these would be ring fenced to staff at the Centre to support recruitment initiatives.

However, it was likely that the planning permission would determine that only 45 spaces could be provided as the minimum dimensions for car parking spaces had increased.

The Director noted that in the short-term, an additional 20 parking spaces would be available by recommissioning an abandon car park adjacent to Hospital Close. In addition, other spaces could be designated for parking to add a further 10-20 parking spaces. Summertime staff permits would be issued.

In the medium term, the 97 spaces currently decommissioned for the use by the construction company would be available. This would address the need for public parking at the Centre.

Capital funding could be used, if there was slippage in 2024/25, to create 40 parking paces in ad hoc locations on site. The long-term strategy needed to look at the art of the possible and consider decking part of the Coleman Street car park to create an additional 120 spaces,

The Director noted that the City Council was looking to develop its bus services and there was an exercise to map where staff live, using postcode data, to plan routes. There was a possibility of a park and ride scheme at the Leicester racecourse to the south of the city.

The Committee acknowledged the additional pressures on car parking created by the EMPCC at Leicester General Hospital and noted the mitigations.

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

## **72/24 CONSIDERATION OF BAF RISKS IN THE REMIT OF THE COMMITTEE**

### **72/24/1 Board Assurance Framework (BAF Report)**

The Head of Risk Assurance presented paper G, Board Assurance Framework. The Committee considered the risks within its remit Risk 8 - 'IT infrastructure unfit for the future'. The Chair questioned whether the risk score should reduce from 20 noting that the go-live data for the replacement of the PAS had been put back and there were mitigations in place for the EMPCC. It was suggested that this be reviewed with the Executive Lead and a brought back to the next meeting.

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

## **73/24 ITEMS FOR NOTING**

There were no items for noting.

## **74/24 ANY OTHER BUSINESS**

There was no other business.

## **75/24 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:**

- **71/24/1 - EPR – Resourcing and Benefits** (risks to EPR delivery; the Federated data platform and need for a strategy and data intelligence)
- **71/24/2 - PAS** (go-live date deferred)
- **71/24/3 - Interim Reconfiguration Project Post Project Evaluation Report** (review the operational and clinical sustainability of the Leicester General Hospital)
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## **76/24 DATE OF THE NEXT MEETING**

**Resolved – that the next meeting of the Our Future Hospital and Transformation Committee be held on Wednesday 21 August 2024 at 1.00 pm via MS teams.**

The meeting closed at 2.20 pm.

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

Name	Possible	Actual	% attendance
A Haynes (Chair)	4	4	100
2 Non-Executive Directors to be confirmed			
S Barton	4	4	100
M Brearley ( <i>from June 2024</i> )	2	1	50
N Bond ( <i>from April 2024</i> )	4	2	50
A Carruthers	4	3	75
A Furlong	4	3	75
L Hooper ( <i>until May 2024</i> )	2	0	0

**In attendance**

Name	Possible	Actual	% attendance
R Mitchell	3	0	0
J MacDonald ( <i>until end June 2024</i> )	4	0	0
V Bailey	4	0	0
M Farmer	4	1	25
A Garcea	4	2	50
S Harris	4	0	0
D Moon	4	3	75
A Moore	4	0	0
B Patel	4	3	75
T Robinson	4	1	25
J Worrall	4	0	0
N Topham	4	3	75
R Manton	4	3	75
B Cassidy	4	3	75
H Kotecha	4	0	0
S Prema	4	2	50
M Smith	4	1	25
Representative from People Services	4	2	50