

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)
MEETING HELD ON MONDAY 23 SEPTEMBER 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 D Moon - Non-Executive Director
 Prof A Garcea - Associate Non-Executive

In Attendance:

Mr M Archer - Associate Director of Operations (Digital)
 Mr L Bond - Chief Financial Officer
 Ms R Briggs - Associate Director of Operations (Projects)
 Mr P Brookes-Baker – Head of Continuous Improvement
 Mr A Carruthers - Chief Information Officer
 Ms B Cassidy - Director of Corporate and Legal Affairs
 Mr C Evans - EPR Programme Director
 Ms S Favier – Deputy Chief Operating Officer
 Ms D Green – Interim Ofh Programme Director
 Mr R Manton - Head of Risk Assurance
 Ms Z Marsh - Deputy Chief People Officer
 Ms A Moss - Corporate and Committee Services Officer
 Ms J Roberts - Pre-Operative Assessment Lead
 Ms M Smith – Director of Communication and Engagement
 Mr B Teasdale - Our Future Hospitals Associate Medical Director
 Dr G Xu – Deputy Medical Director

RESOLVED ITEMS**77/24 WELCOME AND APOLOGIES**

The Chair welcomed to Will Monaghan, Chief Digital Information Officer. Apologies for absence were received from Mr A Furlong, Medical Director, Prof T Robinson, Non-Executive Director, Ms S Prema, ICB Strategic Director, Ms K Ceesay, Deputy Chief People Officer, and Ms H Kotecha, Healthwatch.

78/24 QUORACY

The meeting was quorate.

79/24 DECLARATIONS OF INTERESTS

There were no declarations of interest.

80/24 MINUTES

Resolved – that that the Minutes of the Our Future Hospitals and Transformation Committee held on 24 July 2024 be confirmed as a correct record.

81/24 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**

82/24 KEY ISSUES FOR DISCUSSION

82/24/1 Our Future Hospitals (Ofh) Programme Update

The Ofh Associate Medical Director updated the Committee on the live projects as noted in paper C.

The East Midlands Planned Care Centre (EMPCC) scheduled to open on 9 December 2024 was on track and on budget. The risks were set out in Appendix 1. Whilst there had been significant progress on staff recruitment, specifically in the last three weeks, the workforce remained a risk. There had been good work in relation to digital innovation and the Centre would be 'paper-lite' for theatres and medical day cases and paperless for outpatients.

In response to a question from Prof A Garcea, Associate Non-Executive Director, it was noted that the posts recruited to had been justified in the Business Case and submitted to the recent workforce controls. The postholders would be delivering additional activity which would provide a surplus of £1m for a full year. The Chief Financial Officer asked whether the risk around recruiting staff would lead to less activity and therefore impact on the financial forecast. The Associate Director of Operations noted that 70% of the posts had been recruited to but there remained risk around some specialist posts, specifically Ear, Nose and Throat staff. A report, proposing options to mitigate these risks, including the use of bank and agency staff would be presented to the Trust Leadership Team the following week.

The Chief Financial Officer queried whether the business case was reflected in the Trust's Financial Plan and agreed to pick this up with the Deputy Chief Executive outside the meeting.

CFO

With respect to the new build Endoscopy Unit, it was expected that planning permission would be granted the following day. Two treatment rooms and five pods would be built but mothballed. Funding was being sought to commission these facilities.

The previous cost pressure for the Leicester Diabetes Centre had been mitigated and the Full Business Case would be presented to the Trust Board for approval in November 2024.

The first meeting of the Leicester General Hospital Sustainability Committee would be held on 7 October 2024.

The Outline Business Case for the Leicester Royal Infirmary Enabling Works had been approved by NHSE's Joint Investment Committee.

The Interim Ofh Programme Director updated the Committee on the New Hospital Programme (NHP). The review, requested by the Secretary of State, had been concluded and was with HM Treasury. It was anticipated that the funding allocation for the Programme as a whole would be announced as part of the Government's Comprehensive Spending Review. The Trust would be notified of its allocation in November/December 2024. The Trust Leadership Team had agreed the scope of Ofh as previously reported to the Committee (set out in Appendix 2). The NHP agreement would be presented to the Trust Board in November 2024.

The Trust had progressed work on the Strategic Outline Case at pace and intended to submit it to NHP in January rather than March 2025. NHP was unable to negotiate or release funding until the Comprehensive Spending Review. The Trust faced a shortfall of £3.5m in 2024/25 to support the work on the Leicester Royal Infirmary Full Business Case and Strategic Outline Case. The Trust had been asked to underwrite the capital funding (at risk of the funding not being provided). The Interim Ofh Programme Director considered the risk to be very low and the Associate Medical Director highlighted the risk in delaying this work and losing momentum.

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

(B) the Chief Financial Officer confirm that the income and expenditure for the East Midlands Planned Care Centre was reflected appropriately in the Trust's financial plan.

CFO

The Associate Director of Operations presented the Target Operating Model for East Midlands Planned Care Centre (EMPCC). Paper D refers.

EMPCC would provide two additional theatres, outpatients clinics, outpatient procedure rooms, a surgical post-operative ward and medical day-case ward. The Centre would deliver over 100,000 units of activity operating six days a week from 7 am to 8 pm. The Target Operating Model would increase outpatient utilisation and productivity. Information to patients would be reviewed with a view to reducing 'do not attend' rates and cancellations. There would be digital innovation to allow patients to make changes to their appointments, check in on arrival and book follow-up appointments. One-stop clinics would reduce waiting times and optimise the use of resources. stop clinics will reduce waiting times and optimise use of resources. The one-stop clinic would mean that in a single visit, a patient would attend an outpatient appointment, diagnostics, and return to consultation for a treatment plan.

There would be a greater standardisation of processes across specialties. Staff would work in different ways requiring a focus on training and competences across a multi-disciplinary team. There would be fewer administrative and clerical staff. The Associate Director highlighted the cultural and behaviour changes required across nine specialties and the need for good leadership.

The Chief Digital Information Officer, noting the reliance on electronic systems, asked about business continuity plans. The Associate Director noted that these were in development.

Dr A Haynes, Non-Executive Director OFHTC Chair, noting that patients would be contacted 48 hours after an operation asked what would happen if they experienced problems before then, and would they be expected to attend Emergency Department. The Associate Director noted that they would have the ability to contact the Centre.

The Chief Financial Officer asked whether the model would be rolled out to the community theatres. The Associate Director noted that the focus would be on embedding the model in the first six months. The model had been presented to the relevant Clinical Management Group and there was support and enthusiasm for extending the model when the new Patient Administration System was in place.

Dr A Haynes, Non-Executive Director OFHTC Chair, highlighted the need to capture patient and staff experiences to feed into the evaluation of the project. The Chief Financial Officer asked whether the productivity target had been agreed. The Associate Director noted that the assumptions were set at the outset and the model was developed accordingly. For example, the model reduced the reliance on administrative staff and included weekend working.

Prof A Garcea, Associate Non-Executive Director, suggested that consideration could be given to system working and agreed to send suggestions to the Associate Director. She also, highlighted the importance of ensuring data quality and capturing this as part of the project evaluation. She agreed with the Chair, that the Friends and Family Test would be limited in evaluating the project and how the patient experienced the whole of their journey should be captured.

Mr D Moon, Non-Executive Director, referencing the report on pre-operative assessment noted that the 'on the day' cancellation rate was around 11%. He asked how the EMPCC could reduce this. The Associate Medical Director noted that the replacement of the Patient Administration System would be a 'gamechanger' and allow for patients to interact with the Trust. The Associate Director added that the patients were being screened to ensure they were appropriate for the facility and the deployment of the software 'my Pre-op' was being prioritised for those services using the EMPCC.

The Committee commended the extensive work undertaken. The Centre presented a good opportunity to transform working practices and effective leadership would be critical. A further report was requested in three months of opening, to note the initial impact, in six months, to consider plans for further roll-out of the model and in 18 months to present the formal post-project evaluation.

AD (Ops)

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

(B) that further reports be made three, six, and 18 months' after EMPCC opens.

AD(Ops)

82/24/3 Patient Administration System Replacement – Update

The Associate Director of Operations (Digital) 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'.

Significant progress had been made in the last few weeks and the project moving from the focus on product readiness to testing and operational readiness. The Chief Information Officer reminded the Committee that the Trust had not undertaken a digital project of this scale for twenty years and the replacement of the PAS would be a key enabler for the Electronic Patient Record and digital transformation. In addition, there were key dependencies in the region as neighbouring trusts would be implementing the same system. NHSE required that UHL undertake an assurance process before implementing the System and that no disruption to national data flows or returns occurred.

The Associate Director reported that the project should reach Milestone 4 (entry to testing) that week. There had been good progress in reducing the list of required changes/issues from 596 to 190 with a clear plan for mitigations or fixes prior to going live. A significant number of processes had been standardised including a large number of bespoke letter templates to patients. The plan was to go live with the system in the last quarter of 2024/25.

The training plan was set out in appendix for the report further to a request at a previous meeting of the Committee.

It was noted that data migration and reporting would be key issues and the number of reports required was being reviewed with a view to streamlining and to ensure that operational reporting requirements were met.

The Chief Financial Officer, noting that there were applications that were out of scope, asked when there would be an upgraded system for theatre management. The Chief Digital Information Officer reported that there was work underway to map the route to a full Electronic Patient Record system and achieve Healthcare Information Management Systems Standard EMRAM stage 5 and then 7. The Trust would be working with Nervecentre to develop the core functionality. The Chief Information Officer added that Nervecentre was in the process of developing a theatre scheduling module and that, following the implementation of PAS, theatre management would be a priority.

In response to a question from the Chief Financial Officer, it was confirmed that the Project had a risk register. A preliminary external assessment of UHL's PAS implementation and the Trust's response was included in the report. The focus was now moving away from ensuring the product was ready to deploy, to assessing whether the organisation was ready to implement; this would be reflected in future reports. Dr A Haynes, Non-Executive Director OFHTC Chair, reflected that the go-live had been deferred due to the associated risks and that the Committee had requested more information on the training plan.

The Head of Continuous Improvement reflecting on his experience at Toyota asked whether the system would be run in parallel to cross check. It was confirmed there would be a sandbox to support the testing of the system.

The Deputy Medical Director noted that the benefits of PAS would be seen in the EMPCC with the intermediate deployment of some functionality to improve management of outpatient clinics. Prof A Garcea, Associate Non-Executive Director added that there was work to do to improve outpatient productivity and that standardisation of practice would reap rewards. The Chief Information Officer noted that the replacement PAS would provide greater visibility and flexibility enabling the Trust to use its capacity more efficiently. In addition, there had been good leadership with respect to standardisation of processes which would unlock benefits.

The Chair summarised the discussion noting that the Committee felt more assured about the project and highlighted the need to report on the organisational readiness in future reports.

Resolved – that the report be received and noted.

82/24/4 Quarterly Update on Quality Improvement

The Head of Continuous Improvement presented the quarterly update on Quality Improvement (QI) (paper F refers). The report addressed the development of QI capability, improvement projects led by the QI Team and activities to develop continuous improvement culture.

Work with the Cardiology Team was highlighted and the contribution the Team made to the Cost Improvement Programme. Mr D Moon, Non-Executive Director, asked about how the team prioritised which projects to support. The Head of Continuous Improvement noted that it was balance of working on those areas where performance was particularly challenged and responding to requests from services which were keen to engage.

The Deputy Chief Executive noted that the Executive Team would be considering the future strategy for QI. The Chief Financial Officer, noting that the Impact Programme, was the direction of travel for the NHS, offered his support to an ambitious strategy to address the 'cultural deficit'.

Resolved – that the report be received and noted.

82/24/5 Pre-Operative Assessment

The Deputy Chief Operating Officer and Pre-Operative Assessment Lead gave a presentation on the progress made with respect to pre-operative assessment (Paper G). The Committee had received a report in January 2024 noting that the Project set out to standardise and centralise practice across seven teams. The new pre-operative pathway was based on Getting it Right First Time (GIRFT) and national requirements. IT software had been implemented to support processes.

The Pre-Operative Assessment Lead reported that whilst significant progress had been made, the Project was currently stalled. A report would be made to the Trust Leadership Team seeking confirmation of which specialties were in scope and further funding. The next steps would include a management of change process to establish a new staffing structure. The Pre-operative Assessment dashboard would be used to monitor key performance indicators to inform further improvement. The presentation noted the optimisation of patient pathways for a number of conditions and health determinants. Early screening and referrals process for Diabetes and Anaemia had reduced postponements and potential on the day cancellations. The Trust was working with the Integrated Care Board to support health optimisation for social/lifestyle issues. On the day cancellations were being reviewed; reporting had been standardised and actions identified for service improvement.

The risks to the project remained, physical space for clinical and administrative functions, and funding for staffing.

The Deputy Chief Operating Officer concluded the presentation by noting that the Project was not where she wanted it to be but there were plans in place to move it forward. Despite some reluctance from Clinical Management Groups, the Project Team was starting to get some traction. The work of the consultancy firm, BAIN, would support data analysis and the drive for theatre productivity.

Prof A Garcea, Associate Non-Executive Director, promoted the work of health and Wellbeing Coaches employed in the primary care Networks who could support patients and the wider health promotion agenda.

Mr D Moon, Non-Executive Director asked about the early screening for Orthopaedics. It was noted that a Task and Finish Group had been established to improve the offer to patients. It was note that the Team was medically led and there was a need to upskill the nursing staff.

Noting that Operations and Performance Committee would be receiving a further update, The Chair requested that Our Future Hospitals and Transformation Committee receive a further update focusing on the transformational and cultural element of the project.

DCOO

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

(B) a further report be made in January 2025 on the transformational and cultural elements of the project.

DCOO

83/24 CONSIDERATION OF BAF RISKS IN THE REMIT OF THE COMMITTEE

83/24/1 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 changes and updates to the narrative were noted in red text. The Chair noted that the Committee was more assured with respect to the replacement of the PAS and suggested that the score be reviewed at the next meeting.

Resolved - that the report be received and noted.

84/24 ITEMS FOR NOTING

There were no items for noting.

85/24 ANY OTHER BUSINESS

The Committee placed on record its thanks to Ms Nicky Topham, Ofh Programme Director, who had left the Trust in August 2024. Ms Topham was praised for her hard work and commitment over many years.

86/24 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:

- **Minute 82/24/1** - Our future hospitals - review of the New Hospital Programme and underwriting of the capital funding
- **Minute 82/24/2 East Midlands Planned Care Centre** – transformation and Target Operating Model
- **Minute 82/24/3 - Patient Administration Service**
- **Minute 82/24/4 - Pre-Operative Assessment** – the need to resource transformation.

87/24 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Our Future Hospital and Transformation Committee be held on Wednesday 31 October at 10.00 am via MS teams.

The meeting closed at 2.40 pm.

Alison Moss – Corporate and Committee Services Officer

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

Present

Name	Possible	Actual	% attendance
A Haynes (Chair)	5	5	100
2 Non-Executive Directors to be confirmed			
S Barton	5	5	100
M Brearley (<i>from June 2024</i>)	2	1	50
L Bond (<i>from August 2024</i>)	1	1	100
N Bond (<i>from April 2024</i>)	5	2	40
A Carruthers	5	4	80
A Furlong	5	3	60
L Hooper (<i>until May 2024</i>)	2	0	0

In attendance

Name	Possible	Actual	% attendance
R Mitchell	5	0	0
J MacDonald (<i>until end June 2024</i>)	3	0	0
V Bailey	5	0	0
M Farmer	5	1	20
A Garcea	5	3	60
D Green (<i>from August 2024</i>)	1	1	100
S Harris	5	0	0
D Moon	5	4	80
A Moore	5	0	0
B Patel (<i>until July 2024</i>)	4	3	75
T Robinson	5	1	20
J Worrall (<i>until August 2024</i>)	4	0	0
N Topham (<i>until August 2024</i>)	4	3	75
R Manton	5	4	80
B Cassidy	5	4	80
H Kotecha	5	0	0
S Prema	5	2	40
M Smith	5	2	40
Representative from People Services	5	3	60