

Trust Board paper F4

<b>Meeting title:</b>	Public Trust Board				
<b>Date of the meeting:</b>	14 November 2024				
<b>Title:</b>	<b>Escalation Report: Our Future Hospitals and Transformation Committee 31 October 2024</b>				
<b>Report presented by:</b>	Dr Andy Haynes MBE, OFH&TC Non-Executive Director Chair				
<b>Report written by:</b>	Alison Moss, Corporate and Committee Services Officer				
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update
<b>Where this report has been discussed previously</b>	Not applicable				

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
BAF risk 8 (IT infrastructure)
<b>Impact assessment</b>
LGH – Leicester General Hospital EMPCC - East Midlands Planned Care Centre EPR – Electronic Patient Record 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 31 October 2024. The meeting was quorate and considered the following reports.

**4. Discussion Items**

**4.1 Patient Administration System Replacement – status update** *(in mitigation of BAF risk 08 ‘IT infrastructure unfit for the future’)*.

Following completion of the new system development, testing is now fully underway. Work is being undertaken for operational readiness and cut over to support the planned go live in spring 2025. Positive and constructive feedback has been received informally as part of the NHSE assurance process (Stage 4). The formal feedback report is expected by the next Committee meeting in November. The next stage is stage 4.5 assurance which will commence immediately. User acceptance testing, data migration, training and report testing activities are the focus for the next few months. As agreed, a recommendation for ‘go-live/no go-live’ will be presented to Trust Board in December 2024.

The impact of the planned cutover to the new system on activity and income is being reviewed. NHSE has been clear from the outset that a hiatus in data reporting is not acceptable, and the Trust's plans are aligned to this principle. However, it is acknowledged that activity is likely to reduce temporarily. The cutover is being planned for a weekend to minimise the operational impact.

*The Committee highlights the good progress made to the Trust Board for information.*

#### **4.2 Electronic Record Programme (EPR) Update** *(in mitigation of BAF risk 08 'IT infrastructure unfit for the future')*.

The Committee noted achievements in the last quarter including the Outpatient Digital Documentation Pilot, EDU Paperlite, and Live Flow and Bed Management Updates. The digital innovations for EMPCC and the replacement of the PAS will significantly increase the footprint of the EPR. In addition, a new EPR for Neonatal services will be deployed early in 2025.

The risks to the Programme are funding, size and stability of the team and the current hybrid methods of patient documentation (digital/paper overlaps). Work undertaken with Channel 3 will inform mitigation for risks to funding and resources. The risk relating to hybrid documentation is being managed on the Operational Risk Register and would be mitigated by the full deployment of EPR.

A business case will be submitted in November to progress and fully implement the EPR.

*The Committee highlights the good progress made to the Trust Board for information.*

#### **4.3 Patient Facing Digital Solutions**

As the Trust improves digital maturity it can improve access for patients in ways that are tailored to their needs. This will support the work on health equality and inclusion as discussed at recent Trust Board meetings.

There is work to do for the Trust to achieve compliance with the Accessible Information Standard and enabling patients to access their records and details of appointments. This work hinges on the replacement of PAS, as the new system provides more capability. The current system does not allow capture of patients' needs, communication preferences, email addresses, mobile numbers. Moving to a modern system that allows this will support the Trust to better tailor communications to patients to be in line with their needs. Nervecentre is developing a patient app and the Trust is leading a group to co-design the product.

Digital wayfinding technology will be trialled at the Leicester General Hospital and in the EMPCC and it is hoped it will reduce the rate of 'Did Not Attends' and make services more easily accessible for cohorts of patients who may otherwise find navigating their way around site challenging.

### **5. Board Assurance Framework**

The Committee considered Risk 8 - 'IT infrastructure unfit for the future' which had a risk score of 20. The Committee considered that the risk had decreased but agreed to await sign-off of the EPR Business Case and feedback from NHSE with respect to PAS before reducing the risk score.

**Date of next meeting – 25 November 2024**