

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)**
MEETING HELD ON WEDNESDAY 19 JUNE 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 Carruthers - Chief Information Officer
 Mr A Furlong - Medical Director

In Attendance:

Mr N Bond – Interim Director of Estates and Facilities (for Minute no. 60/24/1)
 Prof I Browne - Associate Non-Executive
 Ms B Cassidy - Director of Corporate and Legal Affairs
 Ms K Ceesay - Deputy Chief People Officer
 Prof A Garcea - Associate Non-Executive Director
 Mr R Manton - Head of Risk Assurance
 Mr D Moon - Non-Executive Director
 Ms A Moss - Corporate and Committee Services Officer
 Mr B Patel - Non-Executive Director
 Ms M Smith - Director of Communication and Engagement
 Mr B Teasdale - Our Future Hospitals Associate Medical Director
 Ms N Topham - OFH Programme Director

RESOLVED ITEMS**55/24 WELCOME AND APOLOGIES**

Apologies for absence were noted from Mr J MacDonald, Trust Chairman, Prof T Robinson, Non-Executive Director, Mr M Farmer, Associate Non-Executive Director, Mr J Worrall, Non-Executive Director, Ms H Kotecha, Healthwatch, Ms L Hooper, Chief Financial Officer and Ms S Prema, ICB Strategic Director.

56/24 QUORACY

The meeting was quorate.

57/24 DECLARATIONS OF INTERESTS

There were no declarations of interest.

58/24 MINUTES

Resolved – that that the Minutes of the Our Future Hospitals and Transformation Committee held on 22 May 2024 be confirmed as a correct record.

59/24 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**

60/24 KEY ISSUES FOR DISCUSSION**60/24/1 Green Plan**

The Interim Director of Estates and Facilities presented an update on the Trust's Green Plan (paper C refers). The Green Plan outlined UHL's commitment to its environmental responsibilities.

Targets included achieving carbon net zero by 2040 and an 80% reduction by 2028 to 2032 (for the emissions UHL controlled directly).

The Interim Director, whilst noting the progress to date, considered there was a need for greater focus on sustainability to drive the 'green agenda' forward. Business cases were being developed to provide support to the Associate Director of Sustainability and Waste. There had been particular successes with respect to compliance in waste handling. The Trust no longer sent waste to landfill and as a consequence had significantly reduced its carbon footprint. Work had commenced to change the anaesthetic gases used which would have a big impact. Arrangements for green travel were being considered with the local authority.

A Sustainability Steering Group would be established and there would be regular reporting to the Trust Leadership Team, Finance and Investment Committee and the Trust Board.

Mr B Patel, Non-Executive Director, noted that the green agenda impacted on the whole of the Trust's infrastructure and asked about the plans for investment in energy sources and vehicles. The Interim Director reported that there was an Infrastructure Working Group which was looking at available technology and alternative energy sources. Whilst it would be preferable to use electricity for heating and hot water, the city-wide capacity for electricity was constrained. The Trust was liaising with the Council with respect to the infrastructure and charging points for electric vehicles. There was a need for investment to support the direction of travel.

Prof A Garcea, Associate Non-Executive Director, noted that the green agenda was common for many organisations and asked whether there was any joint work with primary care around issues such as prescribing and carbon inhalers. There was a need, she added, to consider sustainability in all that the NHS did including clinical pathways and delivering care closer to home. The Interim Director confirmed that he was working with the Head of Strategic Estates for the Integrated Care System and was a member of the System's sustainability group.

The Deputy Chief Executive noted that UHL's Strategy included targets around carbon emissions and cited the Green Plan as an enabler. He considered that it would be useful to describe what it would look like to be a 'green trust' in 2030.

Mr D Moon, Non-Executive Director, asked whether it was possible to use the roofs of hospital buildings for solar panels. The Interim Director noted that for many of the roofs there was a need for remedial maintenance, and some were used for plant equipment. There was an option to use the Glenfield Paddock land as a solar farm.

The Chief Information Officer noted that some of the planned digital improvements would contribute to the reduction of carbon emissions. There was a plan to move the data centres off-site which would enable them to use green energy. He noted that different models for delivering services, for example, delivering prescriptions would also contribute. He highlighted the need to capture the sustainability benefits for a range of initiatives.

The Interim Director noted there were difficult decisions to be made in light of the Trust's financial position. For example, the decision to choose a non-green energy source was driven by the need to make £320k savings. He added that a major driver for the sustainability agenda was the use of green energy. When designing for capital schemes the imperative was to come within budget and that often green initiatives were not affordable. There was a need for an overarching policy to support sustainability and inform individual scheme design.

Dr A Haynes, Non-Executive Director Chair, proposed that the Green Plan be more widely publicised and queried the proposed reporting lines for the Green Plan. It was noted that Finance and Investment Committee had the duty to monitor progress against the delivery of the Trust's Estates and Facilities strategy. However, the Chair considered that as Our Future Hospitals and Transformation Committee had an interest in how the Green Plan could contribute to, and benefit from, transformation and the Our Future Hospital's Programme. He asked for the Interim Director to consider whether there could be a tailored report to the Committee.

DEF

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

(B) consideration be given to how the Committee could be informed on progress on the Green Plan reflecting its terms of reference.

DEF

60/24/2 Our Future Hospitals Live Projects

The Deputy Chief Executive introduced paper D which updated the Committee on the live projects (Paper D refers).

The Associate Medical Director reported that work was on track for the East Midlands Planned Care Centre to open on 9 December 2024. The risks for the Project were appended to the report. Alternative plans were being drawn up should the replacement of the Patient Administration System not happen before the Centre opened.

A report seeking investment with respect to the cost pressure for the Endoscopy Unit would be considered by the Capital Investment Committee later that week. The project had been paused and it was anticipated that the Unit would open in June 2025.

With respect to the two-ward new build scheme for Glenfield Hospital, Finance and Investment Committee would be asked to approve stopping work on the scheme whilst exploring the longer-term approach with NHSE. There was a report set out the lessons learnt from the project, some of which were in the Trust's control, and some were not. Dr A Haynes, Non-Executive Director Chair, noted the need to reflect on the lessons and to have capital schemes 'on the shelf' to enable the Trust to respond to short deadlines. The Associate Medical Director agreed and considered it was more important in the context of a ten-year capital plan and the need to consider use of Leicester General Hospital. The Trust was appointing a Technical Director and s/he would progress the Master Plan for the Trust's estate.

With respect to the Leicester Diabetes Centre, work was progressing to expand the Centre and a bid would be presented to the Capital Investment Committee to cover the £257k shortfall in funding.

Resolved – that this report be received and noted.

60/24/3 Report of the Deputy Chief Executive

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

60/24/4 Patient Administration System Replacement – status update

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

At the last meeting it had been reported that, following testing of the system, Nervecentre had more work to do to ensure the product was ready. This was still on going and a number of workstreams could not start until this had been completed. There was a process to identify which fixes were critical to the system going live and which could be delayed as part of on-going improvement.

There would be a gateway review on 28 June 2024 and there will be a recommendation to go-live either in Autumn 2024 or Spring 2025. The Chief Information Officer noted the impact on the East Midlands Planned Care Centre if the go-live date scheduled for October 2024 was delayed. An alternative plan to manage patient flow in the building was being explored with another vendor. The Deputy Chief Executive noted that this work would incur additional costs and asked whether it was included in the project's budget.

The Chief Information Officer indicated that the go-live date was likely to be put back. It was reported that the Project team was keen to maintain momentum to ensure technical readiness for the Autumn and if the go-live date was delayed it would create more headroom for testing and training and would fit with the NHSE Assurance Programme.

Dr A Haynes, Non-Executive Director Chair, summarised the discussion and noted that the focus

was on the 'route to green' for the RAG rated workstreams and that the full assurance process for NHSE would be useful.

Resolved - that the report be received and noted.

60/24/5 Health Information and Management Systems Society (HIMSS) Maturity Approach

The Chief Information Officer updated the Committee on progress in addressing the assessment of the Trust's Electronic Patient Record (EPR) capabilities undertaken in 2023. Paper E was considered in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

It was reported that whilst the assessment had scored the Trust highly in some areas there was a need to focus on some of the basics. In order to achieve the nationally mandated level of maturity in March 2026 there was 79 criteria to be met. The Trust currently met 33. It was noted that the current focus on the Patient Administration System replacement would not in itself improve the Trust's level of maturity but would be an enabler. However, progress had been made in recent months in respect to EPR capabilities, such as the deployment of Emergency Department paper-lite and electronic requesting of diagnostic tests.

One of the issues highlighted in the assessment was the use of data and it was noted that the Trust lacked a strategy to exploit available data and create a data driven culture for clinicians.

Mr D Moon, Non-Executive Director, asked whether the Trust would be able to meet the standards by March 2026. The Chief Information Officer considered that the Trust had the capabilities, but that it was dependent on resourcing and the replacement of the Patient Administration System.

Dr A Haynes, Non-Executive Director Chair, asked whether the HIMSS assessment was sufficient or whether there were other external assessments and lessons from other trusts that could help. The Chief Information Officer reported that work had started to consider what EPR would look like for the next five years. Conversations were being had with the System and University Hospitals of Northamptonshire. There was a need for on-going support for the EPR to enhance the system and optimize use. It was important to make use of the data to realise the benefits of the Electronic Patient Record. The Associate Medical Director considered that the Trust should make a decision and commitment to becoming a digital hospital. He understood that there would be efficiencies from doing so but that it needed investment at the outset.

The Deputy Chief Executive reported that the Assistant Director of Information and Business Intelligence had reported to the Operations and Performance Committee on the development of a strategy for her team. She had reflected that the Trust had a good focus on informatics but was deficient in analytics. The Chief Information Officer noted that this was being discussed with system partners and there were opportunities by working with NHSE and Palantir on the data federated platform.

Resolved - that the report be received and noted.

61/24 CONSIDERATION OF BAF RISKS IN THE REMIT OF THE COMMITTEE

61/24/1 Board Assurance Framework (BAF Report)

The Head of Risk Assurance presented paper G – Board Assurance Framework. He reported that the Trust Board had agreed to increase the score for Risk 8 - 'IT infrastructure unfit for the future' to 20 and agreed a new risk 08-Digital-7: 'Insufficient preparation, awareness and tooling to support ongoing service needs in the event of an outage of digital systems, as a result of a cyber-attack, may result in significant operational disruption'. The risk score was 16.

Resolved - that the report be received and noted.

62/24 ITEMS FOR NOTING

There were no items for noting.

63/24 ANY OTHER BUSINESS

The Chair thanked Mr B Patel, Non-Executive Director for his contribution to the Committee, acknowledging that it was his last meeting..

64/24 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:

- **Green Plan**
- **Glenfield Wards Scheme** – lessons learnt
- **Patient Administration System** – work to ensure technical readiness
- **HIMSS assessment** and need for data analytics.
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65/24 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Our Future Hospital and Transformation Committee be held on Wednesday 24 July 2024 at 1.00 pm via MS teams.

The meeting closed at 2.20 pm.

Alison Moss – Corporate and Committee Services Officer

Cumulative Record of Members’ Attendance (2023-24 to date):

Present

Name	Possible	Actual	% attendance
A Haynes (Chair)	3	3	100
2 Non-Executive Directors to be confirmed			
S Barton	3	3	100
A Carruthers	3	3	100
A Furlong	3	2	66
L Hooper	3	0	0
Director of Estates, Facilities and Sustainability	0	0	0

In attendance

Name	Possible	Actual	% attendance
R Mitchell	3	0	0
J MacDonald	3	0	0
V Bailey	3	0	0
M Farmer	3	1	33
A Garcea	3	2	66
S Harris	3	0	0
D Moon	3	2	100
A Moore	3	0	0
B Patel	3	3	100
T Robinson	3	0	0
J Worrall	3	0	0
N Topham	3	2	66
R Manton	3	2	66

B Cassidy	3	2	66
H Kotecha	3	0	0
S Prema	3	1	33
M Smith	3	1	33
Representative from People Services	3	2	66