

Trust Board paper G4

Meeting title:	Public Trust Board				
Date of the meeting:	9 May 2024				
Title:	Escalation Report: Our Future Hospitals and Transformation Committee 17 April 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)

Impact assessment
N/A

1. Purpose of the Report

1.1 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

2.1 There is one recommendation for consideration as noted at paragraph 4.1 and presented as a separate report.

3. Summary

The Committee met on 17 April 2024. The meeting was quorate and considered the following reports.

4. Recommended items

4.1 Our Future Hospitals and transformation Committee Annual Report 2023/24

The Committee agreed its Annual Report for 2023/24 and took assurance that it covered all the areas within its remit. There would be a review of the terms of reference and workplan later in the year as part of the internal review of the overall programme structure and governance. Further consideration would be given to the assessment of the Committee's effectiveness for future years.

The Committee recommends its Annual Report for approval to the Trust Board. A separate report is included on the agenda for the Public Trust Board on 9 May 2024.

5. **Discussion Items**

5.1 **Digital Programmes Review 2023/24** *(in mitigation of BAF risk 08 'IT infrastructure unfit for the future')*.

The Committee noted progress across the portfolio of digital programmes. An underlying theme of many areas of work was to reduce reliance on paper and manual systems and to mitigate risk. In addition, there was work to modernise back-office systems and improve IT service delivery. Whilst a significant amount of work had been undertaken in 2023/24, the Directorate was unable to meet the demand. The IM&T Portfolio Management Office had undertaken a rigorous process of prioritisation, based on risk, benefits, strategic alignment, and compliance elements, to fit the limited funding and capacity. This approach will continue for 2024/25 planning.

5.2 **Patient Administration System Replacement Project Update** *(in mitigation of BAF risk 08 'IT infrastructure unfit for the future')*.

The Committee received an update on the progress to replace the Patient Administration System (PAS). The plan was for a Trust-wide deployment of the System in October 2024. The Committee discussed the assessment being made of the technical functionality and organisational readiness to 'go live'.

There were critical dependencies including a project to replace the platform for the data warehouse. As the existing PAS was not fit for purpose, staff had developed numerous work-arounds and there was a need to manage the change and standardise practice. Consequently, the replacement of PAS was not an IT project that could be deployed incrementally and was a Trust-wide transformational project. The digital plans for the East Midlands Planned Care Centre, due to open in December 2024, are also dependent on the successful and prior deployment of PAS.

NHSE was interested in the project as it was funding neighbouring trusts to move to the System following UHL's deployment. Meetings were being held to understand the assurance NHSE was seeking.

Whilst it was thought that there were sufficient resources to deploy the System in 2024/25 there was a need to consider this as a priority and other activities would have to be paused/re-prioritised.

The implementation would have an immediate impact on activity as staff adapted. The impact was being assessed and it was hoped that the efficiencies realised in Quarter 4 would compensate for the reduced activity, but this had to be further quantified.

The Committee sought further assurance regarding funding for 2024/25, and a more detailed assessment of how the Trust was meeting its 'show stopping' milestones, specifically for configuration, data migration and training. The Committee only receiving partial assurance wished to understand the scale of the risk and report to the Trust Board on a regular basis. A prototype report would be developed, and monthly reports made from June 2024 onwards.

5.3 **Our Future Hospitals Programme Director/ SRO Update**

The Committee noted progress on the live projects in the Programme. The East Midlands Planned Care Centre was on track to open on 9 December 2024. In addition to the risks around the workforce and digital innovation, more rigorous plans were being developed for travel and pharmacy.

Work on the Endoscopy Unit had begun, and it was hoped that planning permission would be granted on 2 May 2024 and construction completed in February 2025.

The Business Case for the Leicester Royal Infirmary Enabling Works was progressing through the approval process. Work on the Full Business Case had commenced 'at risk', as the fees had yet to be drawn down. The intention was to submit the Full Business Case in January 2025.

The options for expansion of the Leicester Diabetes Centre research facility had been considered and the preferred option was an extension to the H Block at a cost of c£5.7m.

The Committee received an overview of developments with respect to the New Hospital Programme (NHP). Work on the Strategic Outline Case had begun. NHP wanted to see that the case was owned by the entire System and that all the levers (assumptions around costs) were applied. Whilst the application of levers would provide more space for the money there was a need to understand whether it was NHP or the Trust which would hold the risk. The Trust was working collaboratively with Kettering General Hospital and there was the potential for appointing joint advisers and joint procurement where this would provide value for money.

5.4 Update on Quality Improvement

The Committee received the quarterly update on the Quality Improvement (QI) activity noting the work to build QI capacity in the organisation. The projects led by the team had resulted in £1.1M recurring revenue saving. The opportunity for greater alignment of the QI Team's activities to the Trust's priorities was noted.

5.5 East Midlands Planned Care Centre Travel and Parking Review

The Committee considered the options to provide additional car parking spaces at Leicester General Hospital. It was anticipated that an additional 99 spaces for staff and 54 spaces for patients would be needed for the East Midlands Planned Care Centre and Endoscopy Unit. A plan to provide 60 new spaces at the Coleman Road car park was being designed and costed.

6. Board Assurance Framework – BAF risk 8

The Committee considered the BAF risk within its remit: no. 08 'IT Infrastructure unfit for the future'. The risks discussed at the meeting were reflected on the BAF. Further assurance had been requested with respect to PAS especially around milestones. There was no change to the current risk score of 16 (Likely 4 x Major 4).

Date of next meeting – 22 May 2024