

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)  
MEETING HELD ON THURSDAY 21 MARCH 2024 AT 9.00 AM 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  
 Ms L Hooper - Chief Financial Officer

**Non-Voting Members present:**

Mr R Manton - Head of Risk Assurance  
 Ms N Topham - Reconfiguration Programme Director  
 Ms Sarah Prema - ICB Executive

**In Attendance:**

Mr M Archer - Associate Director – Digital Strategy (for Minute 26/24/2)  
 Ms B Cassidy - Director of Corporate and Legal Affairs (for Minute 20/24)  
 Prof A Garcea - Associate Non-Executive Director  
 Mr A Moore - Non-Executive Director  
 Ms A Moss - Corporate and Committee Services Officer  
 Mr B Patel - Non-Executive Director  
 Ms H Stokes - Head of Corporate Governance  
 Mr B Teasdale - Our Future Hospitals Associate Medical Director

**RECOMMENDED ITEMS****ACTION****20/24**     Our Future Hospitals Programme Governance Structure

The Our Future Hospitals Programme Director set out the current governance arrangements for the Programme (paper D) noting that these would be reviewed and refreshed over the coming months. Dr A Haynes, Non-Executive Director Chair, noted the recommendation arising from the Q5 report, for UHL to plan for cross-cutting committees as the Programme gathered pace.

At the request of the Committee, consideration had been given to arrangements for urgent decisions required outside of the scheduled meetings. It was noted that where there was a financial value there was provision within the scheme of delegation to sign off approvals in excess of £1m outside of Board. The report proposed an amendment with respect to the New Hospital Programme (NHP) where the value was in excess of £1m. The recommendation was that it should be scrutinised through Our Future Hospitals and Transformation Committee (OFHTC) and Finance and Investment Committee (FIC) and to be signed off (by email) by: Chair of OFH&TC; Executive Lead for NHP; Chief Financial Officer; Chair of FIC; Chair of Audit, and Trust Chair.

**Recommended – That the Trust Board amend the Scheme of Delegation as proposed.**

**NED  
CHAIR**

**RESOLVED ITEMS****21/24**     **WELCOME AND APOLOGIES**

Ms Jenny Robinson, 360 Assurance was welcomed as an observer. Mr A Moore was welcomed to his first meeting. Apologies for absence were noted from Prof T Robinson, Non-Executive Director, Mr A Furlong, Medical Director, Mr M Farmer, Associate Non-Executive Director. Ms M Smith Director of Communications and Engagement and Mr M Simpson, Director of Estates, Facilities and Sustainability.

**22/24**     **QUORACY**

The meeting was quorate.

**23/24 DECLARATIONS OF INTERESTS**

Mr B Patel, Non-Executive Director , noted that he was an Associate Non-Executive Director at Kettering General Hospital NHS Trust and joint working with the Trust was referenced in Paper C - Our Future Hospitals Programme Director/ SRO Update.

**24/24 MINUTES**

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

**25/24 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**

**26/24 KEY ISSUES FOR DISCUSSION**

26/24/1 Our Future Hospitals Programme Director/ SRO Update

The Our Future Hospital Associate Medical Director provided an overview of progress on the live projects in the Programme.

The East Midlands Planed Care Centre (EMPCC) was progressing at pace. The Target Operating Model for the Centre was being developed and focused on three areas: technology, process and people. There were opportunities to increase efficiencies. The risks to the project were set out in Appendix 1 of paper C. Analyses of demand and supply and car parking was underway and would be reported to the next meeting. There was still work to be done with respect to income generation for day case and Gastroenterology although the risk around Ear, Nose and Throat had been mitigated. With respect to the space requirements for the Pharmacy, capital investment had been agreed for the design phase and consideration was being given to alternative plans in the event of capital funding being unavailable. There were risks around workforce and options being worked through. Capital Funds had been allocated to support digital innovation which mitigated the risk of the innovations for ‘paperless/light’ and self-check-in not being ready when the Centre opened.

With respect to the new Endoscopy Unit at Leicester General Hospital it was hoped to bring forward the completion date from February 2025. The Trust was looking to Chase Farm Hospital to inform its model for transformation.

The Outline Business Case for the Leicester Royal Infirmary Enabling Works would be submitted to the Integrated Care Board on 11 April 2024. Work on the Full Business Case would start when the fees were allocated. The Enabling Works would create a cost pressure of £0.5m per annum and cost savings arising from estate management were being considered in mitigation. The Full Business Case would be submitted in January 2025 although it was hoped this date could be brought forward.

A joint planning application for the Glenfield Wards and Glenfield Hospital Enabling Works would be submitted. A new site for the wards was being considered to mitigate loss to biodiversity.

With respect to the expansion of the Leicester Diabetes Centre, the exercise to assess locations would be completed in the next week.

The Deputy Chief Executive advised the Committee that NHSE wished to see better controls of workforce numbers. The Business Cases for EMPCC, Endoscopy, etc. had been agreed by NHSE and included additional posts. It was not clear whether all the new posts could be justified, and this was being discussed at the Finance and Investment Committee (FIC) the following day.

Mr B Patel, Non-Executive Director, asked about the delays to the new wards at Glenfield Hospital and the impact. The Deputy Chief Executive was unable to give a definitive response, noting that

the project sat outside of the Our Future Hospitals Programme and the Senior Responsible Officer was the Chief Operating Officer. Concerned about the delays in planning permission the Chief Executive and colleagues had met with the Council's Planning Director and agreed to hold regular meetings and discuss the Trust's Master Plan for the City Council to have an input at an early stage and ensure co-production. It was noted that the Glenfield Wards project would be discussed at FIC the next day.

Mr A Moore, Non-Executive Director, asked why the Glenfield Wards Scheme sat outside of the Our Future Hospitals Programme. The Deputy Chief Executive noted that the project whilst adding additional capacity, did not contribute to the wider Our Future Hospitals strategy and the Programme did not manage all the capital projects. It had been anticipated that the scheme would be delivered within a year, led by Corporate Operations and supported by the Estates Directorate.

The Our Future Hospitals Programme Director updated the Committee in respect of the New Hospital Programme (NHP). As reported last month, the Trust would need to complete a Strategic Outline Case and the team had attended training on the process. She highlighted the need to work at pace and the potential delay in the timing of the General Election and requirements for 'purdah'.

There was a question as to which NHP levers the Trust would be obliged to apply and this would be a key risk as the Trust had only applied one of the levers.

As NHP did not support any more than 10% refurbishment, £1.4bn would be needed to deliver the Trust's consulted option with a new build Children's Hospital. Consequently, work was underway to revise the scope of the Programme. There would need to be discussions about what moved to the Glenfield Hospital site.

The Strategic Outline Case required design to Royal Institute of Architects stage 1. As the design would have to conform to Hospital 2.0 it would be significantly different to previous designs. The Trust was seeking to engage its Design Partner.

The Programme Director noted that a company called Q5 had undertaken an organisational readiness review of the Programme. The report was appended to Paper C. The target average score was 3; the Trust self-assessed at 2.7. The next step would be an individual self-assessment for senior postholders to consider whether the team collectively had the skills to deliver the Programme.

As Kettering Hospital had a scheme in the NHP, the Trust would be collaborating with University Hospitals of Northamptonshire NHS Group to ensure maximum learning and benefit.

A group of trusts had obtained legal advice on the draft Agreement NHP will require Trust to sign and this would be supplemented by advice from the Trust's own legal advisers to consider any local implications.

Mr B Patel, Non-Executive Director, noted that the Programme had been in development over many years and with the changes in the Trust Board organisational memory would be lost. He proposed a Board Development Session to brief members. The Deputy Chief Executive noted that a briefing had been arranged for the newly appointed Directors and suggested that a Trust Board Development Session might be helpful once the Strategic Outline Case and the scope had been developed.

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

26/24/2

Patient Administration System Replacement Project Update  
Bimonthly Electronic Patient Record Programme Update

The Committee Chair directed that the reports be considered together. in mitigation of BAF risk 08 'IT infrastructure unfit for the future'.

The Chief Information Officer noted that the e-Hospital Programme had delivered a number of new digital capabilities to create an Electronic Patient Record. It had been planned to deliver the

Patient Administration System (PAS) at the end of the Programme. This together with clinical documentation capabilities, would be the main objectives for 2024-25. The scale and pace of this work was dependent on resourcing as well as clearly defined clinical and operational leadership.

The Associate Director, Digital Strategy, updated the Committee on progress of the PAS replacement which was critical to operations in scheduling patient activity.

The appendix to the paper E set out the milestones to be achieved in order for the System to go-live in October 2024. Each milestone had a discrete set of fundamental tasks that needed to be achieved to keep the project plan on track. There had been delays to some components with respect to Milestone - Ready for Functional Testing. The criticality of these delays and impact on the next phase was being assessed.

The key risk and mitigations to the project were set out in the report. The Change Management Team had been established to work with operational teams and identify benefits by speciality. The Chief Information Officer highlighted a particular risk in relation to the Data Warehouse, the replacement of the platform and the interdependency with PAS. There was a concern about progress and how to align the two systems.

In response to a question about the scale of change the Chief Information Officer noted there was considerable work needed to standardise processes. He noted that staff had developed their own workarounds on the current system and the work by the change management team would be important in this respect. The Associate Director added that the feedback from those staff testing the system was positive. The system had been built for UHL. Systems used by other trusts had been built for the US market and users commented that the Nervecentre product was 'cleaner'. Whilst there were risks in being 'first in class', the benefit was that the system was bespoke.

The Chief Financial Officer asked about the impact of deployment on activity and consequently income.

Mr B Patel Non-Executive Director, asked about staffing for the Project and what proportion of staff were external and temporary. The Associate Director noted that the scope to deploy or second UHL staff to the project was limited. However, they had sought to achieve a hybrid approach and he estimated that two-thirds of the project staff were external.

Mr A Moore, Non-Executive Director, asked whether there was a risk of staff feeling overwhelmed by the level of change across the Trust and what was the approach to change management. Prof A Garcea, Non-Executive Director, asked how many pathways were established and how many were new. It was noted that eight pathways were completely new and the remaining process maps involved iterations and tweaks to existing pathways. She expressed confidence in staff embracing change as her experience in primary care was that staff welcomed electronic systems that improved administration.

**Resolved – that the reports be received and noted.**

26/24/3 Travel Plan

This item was deferred. Dr A Haynes, Non-Executive Director Chair, noted the report focussed on the needs of staff and there was a need to consider travel for patients. The Chair asked that the Non- Executive Directors provide their comments to the Director of Estates, Facilities and Sustainability (copying in the Chief Nurse) and that the report be discussed at the next meeting.

**Resolved - that the report be deferred to the next meeting.**

26/24/4 UHL IMPACT programme - Progress on the development of the UHL Transformation

The Deputy Chief Executive briefed the Committee on UHL's Transformation and Improvement Programme 'UHL IMPACT' (paper H refers).

There were three objectives: systemising improvements; building capability and capacity; and delivering change with impact. The Chief Operating Officer was the Senior Responsible Officer

(SRO) for 'Operational Processes and Quality'; the Chief Information Officer was the SRO for 'Digital and Technology;' and the Deputy Chief Executive was the SRO for Our Future Hospitals. Some work would be undertaken jointly with the University Hospitals of Northamptonshire.

Mr A Moore, Non-Executive Director, noted that there were significant changes in the Trust and that there was a need to be clear on priorities. He asked whether there was confidence that the organisation could absorb the level of change required. The Deputy Chief Executive Officer acknowledged the point, and highlighted the concern that benefits would not be delivered if the changes were not resourced and supported. He noted that the level of resourcing would be known by the summer and there would be regular reports to the Committee.

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

**27/24 CONSIDERATION OF BAF RISKS WITHIN THE REMIT OF THE COMMITTEE**

27/24/1 Board Assurance Framework

The Committee reflected on the discussion during the meeting with reference to the BAF risk within the Committee's terms of reference: no.08 – Cause: IT Infrastructure unfit for the future; Event: Unable to provide safe, high quality, modern healthcare services (paper I refers). It was noted that the risks relating to the Replacement of PAS would be clearer once the finding had been identified. There was no change to the risk scores.

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

**28/24 ITEMS FOR NOTING**

There were no items for noting.

**29/24 ANY OTHER BUSINESS**

There were no items of any other business.

**30/24 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:

- Our Future Hospitals Programme
- Patient Administration System Replacement Project Update

**31/24 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the Our Future Hospital and Transformation Committee be held on Wednesday 17 April 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	Name	Possible	Actual	% attendance
A Haynes (Chair)	9	8	89	M Simpson (from 9 November 2023)	5	3	60
2 Non-Executive Director s to be confirmed				B Patel (until 9 November 2023)	4	4	100
S Barton	9	9	100	T Robinson (until 9 November 2023)	4	0	0
A Carruthers (from 9 November 2023)	5	5	100	M Williams (until 9 November 2023)	4	2	50
G Collins-Punter (until 9 November 2023)	4	2	50	J Worrall (until 9 November 2023)	4	2	50
A Furlong	9	5	56				
L Hooper	9	6	67				

**In attendance**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
V Bailey (from 9 November 2023)	5	0	0	H Mather (until November 2023)	4	1	25
A Carruthers (until November 2023)	4	3	75	J McDonald (from 9 November)	5	0	0
B Cassidy (from 9 November 2023)	5	5	100	R Mitchell (from 9 November 2023)	2	0	0
G Collins-Punter (from 9 November 2023 until December 2023 )	2	0	0	B Patel (from 9 November 2023)	5	2	40
S Harris (from 9 November 2023)	5	0	0	T Robinson (from 9 November 2023)	2	1	50
J Hammond/S Chaudry (until 9 November 2023)	4	2	50	S Prema	9	6	67
H Kotecha	9	0	0	M Simpson (until 9 November 2023)	4	2	50
J Jameson/B Teasdale (until 9 November)	4	4	100	N Topham	9	9	100
R Manton (until 9 November)	5	5	<b>100</b>	R Vyas (until 9 November 2023)	4	1	25