

Trust Board paper O

Meeting title:	Public Trust Board				
Date of the meeting:	8 February 2024				
Title:	Escalation Report: Our Future Hospitals and Transformation Committee 17 January 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 are no items recommended for approval.

3. Summary

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

4. Discussion Items

4.1 Our Future Hospitals Programme

The Committee received an update on the Our Future Hospitals Programme noting that a meeting with the New Hospitals Programme was scheduled for February where a number of options to phase delivery would be considered. A phased approach would enable NHP to afford the Programme and attract contractors. The Trust had validated its clinical strategy.

The Committee received an update on live projects. The development of the East Midlands Planned Care Centre was going to plan, although there was a capital funding issue to be resolved. There had been a delay in gaining planning permission for the new Endoscopy Unit and the Trust Leadership Team would be considering possible mitigations at the end of the month. The Enabling Project for the Leicester Royal Infirmary site was going well and proposals for increasing the electricity supply under consideration. With respect to the

Enabling Works at the Glenfield Hospital, the intention was to progress a Short Form Business Case in August 2024. There was a need to re-present the planning application for the re-routing of the circulatory road. The Leicester Diabetes Centre had secured additional capital funding to allow it to expand its footprint. The Trust would still vacate a ward at the Leicester General Hospital to support the Centre's expansion. The report noted the workforce challenges arising from the new capital projects.

4.2 Deep-Dive – Pre-operative Assessment

The Committee undertook a deep dive into the transformation of pre-operative assessment. The Project set out to standardise and central 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 and further IT applications were being considered. It would deliver improved patient outcomes and productivity gains. There would be a reduction in the number of late starts in theatres, decrease in on the day cancellations and length of stay.

The Committee noted the progress made and highlighted the need to address day cases, early discharge planning, health inequalities and the patient experience. The Committee requested a further update in six months' time.

The Committee highlighted the item to the Trust Board for information.

4.3 Electronic Patient Record (EPR) (mitigating BAF Risk 8)

The Committee noted that the System's capital funding was challenged; there was potential to bid for funding next year but the capital envelope would dictate the pace at which the Trust could develop the EPR.

4.4 Patient Administration System (PAS) Replacement Project & Communications Update (mitigating BAF Risk 8)

The Committee noted that the replacement of the PAS was on track with milestones for coding and configuration having been met. The PAS Board would be reviewing the training stage, considering the different delivery routes, whether it should be mandatory and capturing new/casual users. External advisers were supporting the PAS Board and there was learning from other deployments. External Consultants would assess the readiness of the Trust to go live.

Confidence in delivering the Trust-wide implementation was dependent on the level of resourcing. Whilst the PAS would be the first of its type (as it was not an out of the box deployment) this increased the risk. However, some risks had been mitigated as elements, such as eMeds, were already in place.

5. Board Assurance Framework – BAF risk 8

The Committee considered the BAF risk within its remit: no.08 'IT Infrastructure unfit for the future' and noted the changes this period, including new key next steps relating to the PAS project communications plan and training strategy. Reflecting on the discussion at the meeting the Committee agreed not to change the current risk score of 16 (Likely 4 x Major 4).

Date of next meeting – 22 February 2024