Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE RECONFIGURATION AND TRANSFORMATION COMMITTEE (RTC) MEETING HELD ON THURSDAY 22 JUNE 2023 AT 1.00 pm, VIRTUAL MEETING VIA MICROSOFT TEAMS

Voting Present:
Dr A Haynes, MBE - Non-Executive Director RTC Chair
Mr B Patel - Non-Executive Director
Mr A Furlong - Medical Director

Non-Voting Members present:
Mr S Barton - Deputy Chief Executive
Mr A Carruthers - Chief Information Officer
Ms S Chaudhry – Reconfiguration PMO Manager
Ms S Prema - ICB Executive Director of Strategy and Planning
Ms S Taylor - Deputy Chief Operating Officer
Mr B Teasdale - Clinical Lead
Ms N Topham - Reconfiguration Programme Director

In Attendance:
Mr Scott Bailey – eHospital Programme Manager
Ms H Mather – Integrated Care System
Ms A Moss - Corporate and Committee Services Officer
Mr A Smart – Senior Communications Lead
Mr S Pizzey - Head of Strategy and Planning

	RESOLVED ITEMS	
19/23	**WELCOME AND APOLOGIES**	
	Apologies for absence were received from Ms L Hooper, Chief Financial Officer, Mr M Simpson, Director of Estates and Facilities, Prof T Robinson, Non-Executive Director, Mr J Worrall, Associate Non-Executive Director, Mr M Williams, Non-Executive Director and Ms R Briggs, Associate Director Operations - Projects.	
20/23	**QUORACY**	
	The Chair noted that the meeting was quorate.	
21/23	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest.	
22/23	**MINUTES**	
	The Minutes of Meeting held on 19 April 2023 (papers A1 and A2) were received.	
	Resolved – that the Minutes of the 19 April 2023 Reconfiguration and Transformation Committee be confirmed as a correct record.	
23/24	**MATTERS ARISING**	
	Paper B detailed the position of any outstanding actions from previous RTC meetings.	
	Resolved – that any updates now provided be reflected in the next iteration of the RTC action log.	**NAMED LEADS**
24/23	**KEY ISSUES FOR DISCUSSION**	

24/23/1	Report from The Reconfiguration Programme Director (Update)	
	The Reconfiguration Programme Director presented the update on the Programme (paper C).	
	Recommended – that (A) the report be noted, and **(B) this Minute be classed as confidential and taken in private accordingly.**	
24/23/2	East Midlands Planned Care Centre Business Case	
	The Reconfiguration Programme Director presented the Business Case for the East Midlands Planned Care Centre (EMPCC) (paper D). The Full Business Case would be considered by the Finance and Investment Committee and recommended to the Trust Board for approval on 8 July 2023. It was being presented to the Reconfiguration and Transformation Committee for consideration of the aspects relating to transformation. It was noted that a key aspect of transformation was in relation to the workforce, specifically in the creation of new roles. There would be changes in the way of working to standardise and digitise the pre-operative assessment and deploy a centralised administration model. Services would be transformed using the Getting It Right First Time (GIRFT) principles supporting best practice and improving productivity. The need to embed research and education was noted. The Chief Information Officer whilst expressing caution about the level of digital transformation that could be achieved given the budget, noted that it presented the opportunity to do things differently and create a paperless environment. Dr A Haynes, MBE, Non-Executive Director, RTC Chair, asked whether the Trust could highlight examples of different pathways and the patient experience to demonstrate the transformation that could take place across the organisation. He added that there was a need to report back on the transformation.	
	Resolved – That the report be received and noted.	
24/23/3	Endoscopy New Build Project	
	The Reconfiguration Programme Director reported on the development of the Short Form Business Case (SFBC) for the new Endoscopy Unit (paper E). The project had been established in Autumn 2022 to add capacity in the community. Two business cases had been rejected as NHSE wished to see a more centralised model. The intention was to submit the SFBC on 30 June 2023. It would need to be approved, in retrospect, by the Trust Board. The plan was to build six rooms, two of which would be mothballed for future use. Two of the rooms would replace existing facilities which were not compliant with the requirements of the Joint Advisory Group for Gastrointestinal Endoscopy (JAG). The funding allocation from NHSE was £15m. However, the costs had been estimated as £17.9m and further discussions were being had with NHSE. Other trusts had used their own capital allocation for the project, but this option was not possible for UHL. There was the potential to procure the equipment over time to spread the costs. The Medical Director noted that the GIRFT standards were being used to assess the productivity and the Reconfiguration Clinical Lead noted that the proposed list size had increased from 5 patients per list, to 6 – 6.5 patients on average.	
	Recommended – that the report be received and noted.	

24/23/4	Digital Maturity - Strategy Update	
	The Chief Information Officer presented paper F which provided an assessment of the Trust's digital maturity. The assessment had been requested by NHSE as it sought to understand the national picture. Whilst it was a self-assessment, it had been subject to peer review and benchmarking. The assessment indicated where the Trust had made positive progress and highlighted areas for improvement including digitalisation of records, workforce challenges in terms of capacity, and skills and the targeting of communications to ensure equitable access to services. The assessment would enable the Trust to track progress as the exercise would be repeated. Tables on page 5 of the report noted how the Trust and Integrated Care System fared in comparison with its peers, and that it was above average for most criteria. The areas for improvement had been captured within the Trust's Digital Plan. It was not clear whether funding would be allocated based on the assessment. Previously funding had been made available to level up with respect to digital records. It was thought there may be the opportunity to bid for funding for initiatives around patient flow and patients' portals as they had a high national profile. The Chief Information Officer noted that the work in scope of the assessment was overseen by a number of boards and groups. The Electronic Patient Record (EPR) was overseen by the eHospital Board. The Committee discussed the need for digital strategy that articulated the aspirations and plans aligned with the overarching strategy for the Trust. It was suggested that it be the subject of a Trust Board Development Day. The Deputy Chief Executive thought the Trust needed to allocate more resources to digital transformation if it was to realise its ambition. The Medical Director asked about the Trust's on-going relationship with NerveCentre as their contract expired in March 2024. There was a need to ensure other key systems were implemented, such as the maternity solution, and for staff to have adequate devices to access IT systems. The Deputy Chief Operating Officer concurred noting that the provision of devices was key to agile working which, in turn was critical, for transformation and reconfiguration. The Clinical Lead for Reconfiguration noted that if the Trust had acquired a system off-the-shelf it would have cost considerably more. However, by working with NerveCentre to develop a bespoke system there were considerable staff costs in time. He added that there was admission to change clinical culture and the digital journey was key to that. He cautioned about the need to achieve a balance in raising ambitions about the 'art of the possible' and being able to deliver before enthusiasm waned. There was a need to align transformation with reconfiguration. Dr A Haynes MBE, Non-Executive Director, Chair considered the assessment useful albeit that it reflected what the Trust understood in terms of areas for improvement. He considered that patient empowerment was the biggest gap as the Trust had not made much progress in that area. A digital strategy would be useful to link the risks and timescales. The Chair agreed that further discussion at the Trust Board would be helpful. Noting the concerns around NerveCentre, the Chair felt it was important to maintain momentum and acknowledged the point about ensuring staff time to support development. The question of whether the Trust had celebrated or been acknowledged sufficiently for the work done in developing NerveCentre was discussed. The Chief Information Officer agreed with the need for investment and considered that the case should be made for digital transformation in achieving efficiencies. Asked for her view, the Integrated Care Board Representative proposed reference be made to linking with primary care, prevention and self-care. The Chief Information Officer agreed and noted that the trust was actively engaged with the Integrated Care System's Digital Strategy Group.	
	<u>Recommended</u> – that (A) the report be noted, and **(B) consideration be given to further discussion at a Trust Development Day.**	**DCE/ CIO**

24/23/5	<u>20223/24 IT/Digital Plan</u>	
	Digital Delivery Plan 2023/24 The Chief Information Officer presented paper G1, which outlined the Digital Delivery Plan 2023/24 indicating the scale and scope of the plan. He noted that the demand for IT exceeded the capacity and that it was difficult to balance tactical and strategic objectives. The report set out the areas of focus for 2023/24 as: ensuring staff have the right equipment; improving the Wi-Fi network and mobile phone signal; modernise the IT services and increasing visibility; progressing EPR plan and reduce dependency on paper records; and improve the ability to share records with system partners. The Chief Information officer noted that development of the EPR was at the expense of work to refresh the network infrastructure and the Trust was tolerating the associated risk. He considered that providing staff with the right equipment was a key enabler for digital transformation. However, there was a constant balancing of risks in prioritising business as usual and innovation. The four key strands of the plan were outlined as: EPR; digital workplace; infrastructure and cyber security; and the improvement in IT services. Dr A Haynes MBE, Non-Executive Director, Chair thought that the digital road map appended to the report was the basis for the strategy. The Chief Information Officer agreed that the road map and plan were in place and that a digital strategy would provide the narrative. The Chief Information Officer concluded that if the Trust was to be successful in transforming care, IT innovation and provision was critical. EPR Update The e-Hospital Programme Director provided an update on the work associated with the Electronic Patient Record (EPR) (paper G2). He noted that UHL had not procured a system off-the- shelf and had chosen to develop a bespoke solution. It had reached a tipping point in delivering the core capabilities and was now at the point of integrating with other systems to provide a more seamless solution. This included CITO which was deployed for document management and the intention was to develop ‘paperless wards’. It was noted that the advantage of a bespoke system was that it would be developed to meet local and specific needs, however, that presented significant challenges as well as opportunities. The workforce and resources were key challenges. The e-Hospital Programme Manager considered UHL’s implementation team to be very lean. There were key stages: design and testing, deployment and maintenance and the skills required were different for each stage. He considered that the Trust had adopted the right approach and that the EPR would support clinicians. The e-Hospital Programme Director noted that with respect to the Patient Administration System (PAS) the level of connectivity required had been underestimated. Therefore, they deployment would be phased. Mr B Patel, Non-Executive Director, asked about the integration with systems used in primary care and whether there had been any patient engagements in the design of the solution. He had attended a patient engagement event recently and noted their request for more digital solutions in healthcare. The Chief Information Officer noted that integration with systems used in primary care was part of the project. Whilst there had been no patient engagement to date this would take place shortly and consideration given improving communication with patients, using the Accessible Information Standards. He noted that there would be an NHS-wide App released in the Autumn 2023 which would give patients access to their outpatient data. There were digital initiatives to capture patient consent and for patients to contribute to their health care record. There were a number of opportunities and co-design with patients would happen as part of the project.	

	The Medical Director commented on the considerable progress made given the constraints. He asked whether the Trust would have an EPR when the contractual relationship with NerveCentre came to an end. He thought there was a need to understand associated risks to the project, such as the success of the 'bring your own device to work' strategy, as access to tablets was key to clinicians working efficiently. The e-Hospital Programme Director noted the point and that further risks had been identified, especially the PAS. He added that an incremental deployment would not work for PAS. With respect to the ongoing relationship with NerveCentre, the e-Hospital Programme Director observed that the Trust was the primary partner having developed the widest and deepest capability. The company had invested in an ongoing relationship, and he doubted that the end of the current contract would be the end of the journey. The e-Hospital Programme Director noted that the development of PAS had the potential to go very well or very badly. There was a need to transform ways of working rather than replicating paper processes. Dr A Haynes MBE, Non -Executive Director, Chair agreed and, drawing on experience from other trusts, expressed concern about the level of risk. He considered the timescale for implementation was very tight and wondered whether there was sufficient visibility of the project. The e-Hospital Programme Manager noted that it was hard to get stakeholder engagement and agreed that greater oversight would be beneficial. The Chief Information Officer noted that discussion with NerveCentre about the on-going relationship had already started, and that it linked to the ambition of EPR maturity, supporting digital solutions for maternity care, integration with other systems and development of bar-coding tracking. He was confident that there was the appetite to progress with NerveCentre and would be working up a financial proposal. He agreed with the need for more visibility of the PAS project noting that IT programmes previously reported to Financial and Investment Committee, but this had changed to Reconfiguration and Transformation Committee given its enabling role for transformation of care. The Deputy Chief Executive asked whether the benefits profile both retrospective and prospectively had been articulated. The e-Hospital Programme Director noted that best practice was to establish a baseline for comparison. Whilst this had been done for specific elements, such as 'turning off' GP letters, the benefits with CITO would be considerable and there was a need to aggregate all the benefits. Some preliminary work had been undertaken to do this and further work was needed. Dr A Haynes MBE, Non-Executive Director RTC Chair noted the positive development and for the Committee to receive the right level of assurance with respect to PAS. The Reconfiguration Clinical Lead asked how far IT solutions dictated changes to practice. He cited the example of a centralised model for outpatients. He understood that this was no longer being pursued but that the EPR would standardise processes making a centralised service inevitable. The Chief Information Officer noted the scope had been driven by a need for a comprehensive EPR and not designed for specific services. The Medical Director observed that the greater impact would be from the implementation of PAS as this would facilitate standardisation and achieve productivity gains. However, it would be the clinicians that felt the transformative impact of the EPR system.	
	<u>Recommended</u> – that the report be noted.	
24/23/6	<u>Digital Comms</u> The Senior Communications Lead gave a presentation on the communication of digital transformation (paper H). He noted the need to communicate to stakeholders what they would like to know about the Trust and show how the digital ambition would improve their experience. There was a need to create awareness, interest and understanding of how the stakeholders could be involved. There would be a number of communication tools. Some would be for more granular projects such as 'Bring Your Own Device to Work' and others used to create a shared understanding of the digital vision. The EPR roll-out would be very important and incremental announcements made to highlight the critical role data can play. There were plans in place to upgrade the Trust's website and intranet. The Chief Information Officer considered communications very important in generating interest and positivity. There was a need	

	to take a greater leadership role and have more collateral for colleagues to use. The Deputy Chief Executive proposed that the communication linked the new hospital and digital agendas. The Senior Communications Lead set out the strategic aims as: fostering public awareness of digital ambitions and engagement with those who were digital excluded. He was conscious of the need for an integrated approach in telling the UHL story including the new building, digital aspiration, transformation of pathways, people and culture; all of which were new ways of working to provide a better service. It was noted that Nottingham University Hospital Trust (NUH) had received attention for its work with NerveCentre. It was thought that NUH had a number of clinicians who were active on social media. The Reconfiguration Clinical Lead thought that NerveCentre would want the Trust to raise the profile of the work undertaken to enable it to reflect UHL's story in their own communications.	
	Recommended – that the report be noted.	
25/23	**ANY OTHER BUSINESS**	
	There was no other business.	
26/23	**IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**	
	Resolved - that the items in Minutes • **24/23/2 - East Midlands Planned Care Centre Business Case** • **24/23/3 Endoscopy** • **24/23/5 NerveCentre transition**	
27/23	**DATE OF THE NEXT MEETING**	
	Recommended – that the next meeting of the Reconfiguration and Transformation Committee be held on Wednesday 19 July 2023 from 1.00 pm (to be held virtually via MS Teams).	

The meeting closed at 3.02 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)	2	1	50	*B Patel*	2	2	100
S Barton	2	2	100	*T Robinson*	2	0	0
G Collins-Punter	2	0	0	*M Williams*	2	1	50
A Furlong	2	2	100	*J Worrall*	2	0	0
L Hooper	2	1	50				

In attendance

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
A Carruthers	2	2	100	*M Simpson*	2	0	0
J Hammond/S Chaudry	2	2	100	*N Topham*	2	2	100
H Kotecha	2	0	0	*R Vyas*	2	1	50
J Jameson/B Teasdale	2	2	100	*H Mather*	2	1	50
S Prema	2	2	100				