

<b>Meeting title:</b>	Public Trust Board	<b>Public Trust Board paper N</b>
<b>Date of the meeting:</b>	13 July 2023	
<b>Title:</b>	<b>Escalation Report: Reconfiguration and Transformation Committee 22 June 2023</b>	
<b>Report presented by:</b>	Dr Andy Haynes MBE, Non-Executive Director, Chair	
<b>Report written by:</b>	Alison Moss, Corporate and Committee Services Officer	

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	
<b>Where this report has been discussed previously</b>	Not applicable					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
No.

<b>Impact assessment</b>
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Acronyms used:

## 1. Purpose of the Report

- 1.1 To provide assurance to the Trust Board on the work of the Reconfiguration and Transformation Committee and escalate any issues as required.

## 2. Recommendation

That the report be noted.

## 3. Summary

The Reconfiguration and Transformation Committee met on 22 June 2023. The meeting was quorate and considered the following reports.

### Discussion Items

#### 3.1 **East Midlands Planned Care Centre Full Business Case**

The Committee reviewed the Business Case for the East Midlands Planned Care Centre (EMPCC) with respect to the planned transformation of care.

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 to ways 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.

### **3.2 Endoscopy New Build Project**

The Committee received a report on the plan to build a new endoscopy unit and sought assurance with respect to the transformation and improvement in productivity. The Reconfiguration Clinical Lead noted that proposed increase in the average list size. The risks relating to the capital allocation were noted.

### **3.3 Digital Maturity - Strategy Update**

The Committee received an assessment of the Trust's digital maturity. It indicated where the Trust had made positive progress and highlighted areas for improvement including digitalisation of patient records; workforce challenges in terms of capacity and skills; and targeting of communication to ensure equitable access to services. The assessment would in future enable the Trust to track progress as the exercise would be repeated. The areas for improvement, which were previously known to the Trust, had been captured within the Digital Plan.

The Committee discussed the need for a digital strategy to better articulate the digital aspirations and plans to both colleagues and patients. It was suggested that it be the subject of a Trust Board Development Day.

The Committee discussed the Trust's on-going relationship with Nervecentre as the development phase of the current contract would expire in March 2024. There was an appetite for further development and discussions were being had regarding future work. The Chief Information Officer would be developing a proposal.

### **3.4 2023/24 IT/Digital Plan**

#### **Digital Delivery Plan 2023/24**

The Committee reviewed the Digital Delivery Plan 2023/24. The four key strands of the plan were outlined as: Electronic Patient Record (EPR); digital workplace; infrastructure and cyber security; and improvement in IT services.

The areas of focus for 2023/24 were: ensuring staff had the right equipment; improving the Wi-Fi network and mobile phone signal; modernising IT services and increasing visibility; progressing the EPR and reducing dependency on paper records; and improving the ability to share records with system partners.

The Chief Information Officer noted there was a constant balancing of risks in prioritising business as usual and innovation or transformative work given constraints in capacity.

#### **EPR Programme Update**

The Committee received an update on development of the Electronic Patient Record (EPR). The project had delivered many core capabilities and was now at the point of integrating with other systems to provide a more seamless solution and begin removing paper from the organisation. This included integration with the 'Cito' document management system with the intention to deliver 'paperless wards' and outpatient services.

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. UHL's implementation team was acknowledged to be very lean. There were key stages: design and testing, deployment and maintenance and the skills and resources required differed at each stage.

With respect to the replacement of the Trust's Patient Administration System (PAS) scheduled for 2024, the approach is currently being developed. It is possible that rather than an initial enterprise-wide deployment there would be a number of pilots. The need for this to be well understood by colleagues across services and in administrative & clerical roles was noted.

The Committee considered the need to understand associated risks to the projects such as the success of the 'Bring Your Own Device to Work' strategy and the PAS. Concern was expressed about the tight timescale to deliver the PAS and sought further assurance.

### **3.5 Digital Communications**

The Committee received a presentation on the communication of digital transformation. The strategic aims were to foster awareness of the Trust's digital ambitions and engage with those who were digitally excluded. The Committee considered that communications were important in generating interest and positivity. There was a need to take a greater leadership role and provide more collateral for colleagues to use. An integrated approach would tell UHL's story including the new building, digital aspiration, transformation of pathways, people and culture; all of which concerned new ways of working to provide a better service.