

Trust Board public paper F8

Meeting title:	Public Trust Board					
Date of the meeting:	14 August 2025					
Title:	Escalation Report: Our Future Hospitals and Transformation Committee 25 July 2025					
Report presented by:	Dr A Haynes, 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 4 (Digital) BAF risk 5 (Estates) -1 &2						
Acronyms						
LRI – Leicester Royal Infirmary NHP – New Hospital Programme			NHSE – NHS England PAS – Patient Administration System QI - Quality improvement			

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Our Future Hospitals and Transformation Committee (OFHTC) and escalate any issues as required.

2. Recommendation

2.1 To note the report.

3. Summary

The Committee met on 25 July 2025. The meeting was inquorate for most of the meeting and considered the following reports.

4. Discussion Items

4.1 **Green Plan 2025 – 2028 Update** *(in mitigation of BAF Risk 5(3))*

The Committee noted progress in refreshing the UHL Green Plan 2025–2028. The plan is being developed in line with updated NHSE guidance and local system priorities. The Trust reduced its carbon footprint by 17% in the last five years, largely driven by targeted action on gas-fired heating and anaesthetic gases. A final version of the Green Plan will be presented to OFHTC and Trust Board before the deadline for submission to NHSE on 31 October 2025.

4.2 **Update on Quality Improvement (QI) - activities and development of Continuous Improvement Culture**

The Committee received an update on the development of UHL's Transformation & Improvement Programme 2025-2028. The update covered three main themes: building behaviours and culture

around QI; developing QI capacity and capability across the Trust; and delivering with impact by improving productivity.

There will be changes to the appraisals to support the systemisation of QI, and work with the patient engagement team to ensure co-design. The development of a standardised platform for Trust wide Audit, Service Evaluation and Improvement Projects (AQIP) was highlighted. This seeks to improve clinical compliance, not just audit it. The Care Quality Commission provided positive feedback and NHSE acknowledged AQIP as 'best in class'.

The programme is close to achieving £1m in productivity savings for 2025/26. There will be closer working with the Digital Team to support process development when delivering digital transformation.

The Committee noted that requirements are being generated by the Clinical Management Groups. It was suggested that projects should relate to the Trust's strategic direction and corporate objectives, prioritising those with the greatest impact.

4.3 OFH Programme Update *(in mitigation of BAF Risk 5(2))*

The Committee was briefed on the Our future hospitals Programme. Approval for the LRI Enabling Works Business Case is with NHSE / NHP and the Trust received over 400 Requests For Information to date.

The review of the clinical risks arising from the delay to the Programme will be presented to the next OFHTC meeting. The review will be set in context of the Group Clinical Strategy and address opportunities around transformation. The final report will be presented to the Trust Board in October 2025.

The Committee was updated on the live projects: LRI Enabling Works; LRI/GH Incoming Power, Urgent Treatment Centre; Endoscopy Unit; Leicester Diabetes Centre; Aseptic Suite; and Glenfield Robotics Theatre Business Case.

4.4 Replacement of the Patient Administration System – Update *(in mitigation of BAF Risk 4(1-3))*

The Committee received an update on the replacement of PAS noting the operation of the system is going well post implementation. There is a known impact on income as some activity is not being captured correctly. Remedial actions are being taken and every effort is being made to mitigate this before the Trust needs to submit its returns to Commissioners.

The project is in the stabilisation phase. From the 1,000 plus tickets raised with the helpdesk, themes had been identified and working groups agreed actions. A further version was released to fix some issues, and the next release will be in August 2025. From September 2025, the focus will be on unlocking other capabilities of PAS as the project deploys a v9 NerveCentre upgrade, then the project enters the optimisation phase.

The Committee asked about the planned reduction in activity following the cut-over to the new system. There has been a drop in activity for out-patients. It is not yet known whether this is a true representation, or whether pathways are being described in different ways, and this needs to be understood.

The Committee requested a report on planned automation of functions across the Trust.

4.5 Electronic Patient Record programme – Update *(in mitigation of BAF Risk 4(1-3))*

The Committee noted that the following projects are prioritised for 2025/26: the East Midlands Planned Care Centre; PAS, Neonatal and Maternity EPRs. In addition, projects for urgent and emergency care have been fast tracked. There is good progress in relation to Observation and Sepsis Updates and replacing paper systems for Same Day Emergency Care Units. The digital transformation to support Endoscopy will be rolled out in August 2025. For outpatients there are workstreams for a number of areas including electronic prescribing and self-check in kiosks.

The Committee noted that despite PAS being prioritised, there are other significant areas of work being progressed in 2025/26.

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