

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OUR FUTURE HOSPITALS AND TRANSFORMATION COMMITTEE (OFH&TC)
MEETING HELD ON FRIDAY 25 JULY 2025 AT 1.00 PM on Microsoft Teams

Voting Present:

Dr A Haynes MBE - Non-Executive Director Chair
 Mr S Adams – Non-Executive Director
 Mr L Bond - Chief Financial Officer
 Mr A Furlong – Medical Director
 Mr D Moon - Non-Executive Director

In Attendance:

Mr M Archer – Associate Director of Operations (Digital) (for Minute 74/25/4)
 Mr M Farooq – Head of Sustainability and Travel (for Minute 74/25/1)
 Mr P Burnett - ICB Deputy Strategy Director
 Ms D Green - Interim Programme Director
 Mr S Linthwaite – Deputy Director of Finance
 Mr R Manton - Head of Risk Assurance
 Mr W Monaghan - Chief Digital Information Officer (for Minutes 74/25 and part of 74/25/3).
 Ms A Moss - Corporate and Committee Services Officer
 Mr B Teasdale – Clinical Lead, Our future hospitals Programme
 Mr A Quinn – EPR Programme Manager (for Minutes 74/25/4 and 74/25/5)
 Mr B Widdowson – Director of Estates and Facilities

RESOLVED ITEMS

69/25 WELCOME AND APOLOGIES

Apologies for absence were received from, Mr S Barton, Deputy Chief Executive, Mr A Carruthers, Group Chief Technology Innovation Officer, Prof T Robinson, Non-Executive Director, Ms B Cassidy, Director of Corporate and Legal Affairs and Ms M Smith, Director of Communications and Engagement.

70/25 QUORACY

The meeting was quorate for Minute 74/25 and part of 74/25/3.

71/25 DECLARATIONS OF INTERESTS

There were no declarations of interest.

72/25 MINUTES

Resolved – that that the Minutes of the Our Future Hospitals and Transformation Committee held on 27 June 2025 be confirmed as a correct record.

73/25 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.

74/25 REPORT FROM LEAD EXECUTIVES

Resolved – that this Minute be classed as confidential and taken in private accordingly.

75/25 KEY ISSUES FOR DISCUSSION

75/25/1 Green Plan 2025 – 2028 Update

The Head of Sustainability and Travel presented paper D which updated the Committee on the refresh of the Trust's Green Plan. The report was considered in mitigation of BAF Risk 5(3) 'there is a risk that the Trust fails to meet net zero carbon targets by 2040/2045, due to reliance on outdated systems and insufficient green investment, leading to higher emissions and regulatory non-compliance breaches'.

The UHL Green Plan 2025–2028 had been developed in line with updated NHSE guidance and local system priorities. The Plan set out detailed actions across 11 areas of focus including clinical transformation, estates, travel, digital, workforce, and procurement. An Executive Lead had been assigned to each workstream. There were 77 action points; 19 of which had been completed. A final version would be presented to the Committee and Trust Board before the deadline for submission to NHSE on 31 October 2025.

The Trust had reduced its carbon footprint by 17% in the last five years. This had been largely driven by targeted action on gas-fired heating and anaesthetic gases.

The Team had developed a number of schemes to be promoted should funding become available. Funding, of £32k, for charging points for electric vehicles had been confirmed.

Dr A Hayes, Non-Executive Director Chair, highlighted the opportunity for communicating the success to date.

Resolved – that the report be received and noted.

75/25/2 Update on QI activities and development of CI Culture

The Head of Continuous Improvement presented paper E, which updated the Committee on the development of UHL's Transformation & Improvement Programme 2025-2028. The update covered three main themes: building behaviours and culture around Quality improvement (QI); developing QI capacity and capability across the Trust; and delivering with impact by improving productivity.

It was noted there would be changes to the appraisal system to support the systemisation of QI and work with the patient engagement team to ensure co-design. The Head of Continuous Improvement highlighted the development of AQIP which provided a standardised platform for Trust wide Audit, Service Evaluation and Improvement Projects. This sought to improve clinical compliance, not just audit it. The Care Quality Commission had provided positive feedback and NHSE acknowledged AQIP as 'best in class'.

In terms of delivering with impact, it was noted that the programme was close to achieving £1m in productivity savings for 2025/26. There would be closer working with the Digital Team to support process development when delivering digital transformation.

Mr S Adams, Non-Executive Director, asked to see the timescale associated with the projects listed in section 3 of the report. The Head of Continuous Improvement agreed to add that to the next update. Mr S Adams asked how adoption and improvement were being measured. It was noted that one metric was the percentage of staff training, which was likely to hit 3% in the current year. In addition, the Trust used the NHS impact, improvement, culture, maturity assessment. Whilst delegates completing the training were assessed on their understanding, there was work to do to assess their on-going adoption of the methodology and ensuring that line managers created the right environment.

HoCI

The Ofh Clinical Lead advocated for the Quality Improvement team to be involved at the design stage of developing new technologies. The Head of Continuous Improvement supported this recommendation, highlighting the importance of gaining a thorough understanding of existing processes and establishing standardisation prior to implementing IT solutions. A collaborative approach was being developed to maximise the impact of digital transformation. This included close partnership between Operational Transformation, Quality Improvement, and Digital

Transformation teams. To support these efforts, approval has been granted for the recruitment of two additional QI Leads.

Dr A Hayes, Non-Executive Director Chair, noted the development of new target operating models across the trust and wondered if The QI team could hold a library and facilitate sharing best practice. He suggested to the Chief Financial Officer that the Trust consider the return on investment for the QI team. The Head of Continuous Improvement noted that this was cited in separate business cases. The requirements were being generated by the Clinical Management Groups and he questioned whether there should be a process to identify which projects, would have the greatest impact. The Chief Financial Officer considered that approach to improvement should relate to the Trust's strategic direction and their corporate objectives. He added that the biggest impact could be seen in reducing the length of hospital stay.

Resolved – that (A) the report be received and noted, and

(B) the timescales for 2025/26 Projects be included in the next update.

HoCI

75/25/3 OFH Programme Update

The Interim Director of Our future hospitals (Ofh) Programme updated the Committee on recent developments as outlined in paper. The report was considered in mitigation of BAF Risk 5 (2) : 'reconfiguration of acute and community hospital services is not delivered by 2030, due to delays in national capital approvals and complex programme dependencies, leading to increased clinical risk and service inefficiencies'.

As previously reported, UHL was in Wave 2a of the New Hospital Programme(NHP). Funding had been agreed to support the Trust progress the Leicester Royal Infirmary (LRI) Enabling Works and a business case for incoming power. It was noted that there was slippage from the Wave 1 schemes and potentially UHL could have access to funding to progress other schemes.

Approval for the LRI Enabling Works sat with NHSE / NHP and the Trust had received over 400 Requests For Information (RFIs) to date. Whilst this was a considerable number, most related to the adoption of Hospital 2.0. The Trust had tendered for the work ahead of the publication of Hospital 2.0 documentation. In addition, as the scope of the enabling works centred on the retained estate the majority of the Hospital 2.0 directives would not be applicable. Consequently, it was hoped, that they the RFIs would be addressed relatively quickly, however there remained the risk that it would delay the scheme.

The Interim Programme Director noted that the Ofh Team would take on responsibility for strategic capital projects and in future the allocation of projects would be via the new Strategic Planning Group. The review of clinical risks, arising from the delay to Ofh programme had stalled due to the replacement of the Patient Administration System. An update would be provided to the next meeting. The scope of the work had grown and the final report to the Trust Board in October 2025 would be set in the context of the Group Clinical Strategy and address opportunities around transformation.

The Committee acknowledged the management of change process for the Ofh team and noted the impact on staff.

The Ofh Clinical Lead provided an update on the live projects.

With respect to the LRI Enabling Works, it was noted that there was no location identified for Ophthalmic Research and this risk had been escalated and a request submitted to the Space Allocation Group. There were changes requested related to the Building Safety Act and a Building Control Principal Design Officer appointed.

Work was progressing with respect to the LRI/GH Incoming Power Short Form Business Case and a site was being sought for a sub-station.

The new Urgent Treatment Centre would be built adjacent to the GP Assessment Unit and contain a shell for up to three theatres (subject to a further business case). The project was

valued at £12.9m of which £700K was Trust capital. Whilst the project was within budget, the capital charges would create a deficit. The Short Form Business Case was due to be submitted in September 2025.

The new build Endoscopy Unit had been delayed by just over 5 weeks and would open in October 2025. The nursing documentation in all LLR endoscopy units was being upgraded on the back of this project. Once opened, the Service would change its IT system and use NerveCentre with planned improvements to productivity. The risks were around staff recruitment. There had been positive engagement with the regulatory body to achieve JAG accreditation for bowel screening (which needed to be granted before undertaking this activity).

The Leicester Diabetes Centre was due to open in December 2025. The short form business case was being drafted for the Aseptic Suite. The Business Case for the Glenfield Robotics Theatre business case was in development, although there was no funding source identified.

In response from a question from Mr D Moon, Non-Executive Director, it was noted that Leicester Hospitals Charity would fund the robot but there was no identified funding for the theatre.

Mr S Adams, Non-Executive Director, asked about the timelines for the Business Case for the incoming power supply. The Interim Programme Director noted that discussions with the City Council about a potential site had been ongoing for over a year. Any further delay would impact on the critical path. However, a further meeting had been arranged and it was hoped the issue could be progressed. With respect to the draw-down of fees, whilst payment was delayed, NHP always paid in the end and the Programme Director was not overly concerned.

Resolved – that the report be received and noted.

75/25/4 **Replacement of the Patient Administration System – Update**

The Committee received an update on the replacement of the Patient Administration System (PAS) (paper H). The report was considered in mitigation of BAF risk 4(1-3).

The Chief Digital Information Officer reported that the operation of PAS was going well post implementation. He noted there was a known impact on income as some activity was not being captured correctly. Remedial actions were being taken and every effort was being made to mitigate this before the Trust needed to submit its returns to Commissioners.

Mr D Moon, Non-Executive Director, asked about the potential to use Artificial Intelligence for clinical coding. The Chief Technology Innovation Officer agreed to report back to the next meeting on the planned automation of functions across the Trust including the use of ambient voice recognition.

CTIO

The Assistant Director, Operations (Digital) reprised the activities for the cut-over between systems and highlighted what had gone well and the lessons learnt. There had been significant challenges around the volume of activity and ability to triage issues in real time. In addition, it had been a challenge to ensure staff were trained given that training materials were developed close to the go-live date.

The EPR Programme Manager reported on the stabilisation phase. From the 1,000 plus tickets raised with the helpdesk, they had identified themes and established focused working groups to agree actions. There had been a further version released the previous week to fix some issues. There was work to define the requirements for the next release in August 2025 and to revise training materials. Following which, the focus would be on unlocking other capabilities of the System and the optimisation phase of implementation.

Dr A Haynes, Non-Executive Director, asked about the planned reduction in activity following the cut-over to the new system. The Assistant Director noted that activity levels were as planned, although the industrial action by resident doctors would have a significant impact. He noted that there had been a drop in activity for out-patients. It was not yet known whether this was a true

representation, or whether pathways were being described in different ways, and this needed to be understood.

Resolved – that (A) the report be received and noted, and

(B) a report be made to the next meeting on the planned automation of functions across the Trust including the use of ambient voice recognition.

CTIO

75/25/3 **Electronic Patient Record Programme – Update**

The EPR Manager updated the Committee on the Programme for the Electronic Patient Record (EPR). The report was considered in mitigation of BAF risk 4(1-3).

It was noted that the following projects had been prioritised for 2025/26: the East Midlands Planned Care Centre; Patient Administration System, Neonatal and Maternity EPRs. In addition, there were a number of projects for urgent and emergency care which had been fast tracked. There had been 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 would be rolled out in August 2025. For outpatients there were workstreams for a number of areas including electronic prescribing and self-check in kiosks.

Dr A Haynes, Non-Executive Director Chair, noted that despite PAS being prioritised, there were other significant areas of work being progressed in 2025/26. He highlighted the importance of the work on criteria led discharge reflecting the priority to reduce the length of hospital stays.

Resolved – that the report be received and noted.

76/25 **ITEMS FOR NOTING**

There were no items.

77/25 **ANY OTHER BUSINESS**

There was no other business.

78/25 **IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following items be highlighted to the Trust Board for information:

- Minute 74/25/2 – QI input into target operating models and strategic priorities such as Length of Stay; Praise for AQUIP from NHSE and CQC.
- Minute 74/25/3 – report to Trust Board in October on the clinical risks from the delayed programme in context of the Group Clinical Strategy.
Minute 74/25/4 - PAS in the stabilisation phase; potential loss of income; and update on the use of AI for clinical coding to the next meeting.

79/25 **DATE OF THE NEXT MEETING**

It was noted that the next scheduled meeting of the Our Future Hospital and Transformation Committee was for Wednesday 27 August 2025 at 2.00 pm via MS teams.

The meeting closed at 1.27 pm.

Alison Moss – Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2025-26 to date):**Present**

Name	Possible	Actual	% attendance
A Haynes (Chair)	4	4	00
S Adams (from May 2025)	3	3	100
D Moon	4	4	100
T Robinson	4	1	25
S Barton	4	2	50
L Bond	4	4	100
N Bond (to June 2025)	3	0	0
A Carruthers	4	3	75
A Furlong	4	3	75
B Widdowson (from July 2025)	1	1	100

In attendance

Name	Possible	Actual	% attendance
D Green	4	2	50
R Manton	4	3	75
B Cassidy	4	1	25
H Kotecha	4	0	0
P Burnett (from June 2025)	2	2	100
M Smith	4	2	50
Representative from People Services	4	0	0