

Trust Board paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 December 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF MEETING: 26 November 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 7 January 2016.

SPECIFIC RECOMMENDATIONS FOR THE PUBLIC TRUST BOARD:

Adult Level 3 ICU (Glenfield ICU medium term) business case and individual enabling cases relating to (i) Glenfield Hospital beds enabler; (ii) LRI beds enabler, and (iii) Glenfield Hospital imaging enabler (totalling a capital spend of £16.5m) – following detailed consideration, the Committee supported these business cases and recommended them for Trust Board approval on 3 December 2015, subject to the availability of capital and the resolution of operational capacity issues at the Glenfield Hospital. These business cases are presented for approval accordingly on the Trust Board agenda for 3 December 2015.

SPECIFIC DECISIONS:

None

PUBLIC ITEMS FOR DISCUSSION AND ASSURANCE:

- **CMG presentation from Renal, Respiratory and Cardio-Vascular Services (RRCV)** – CMG representatives attended to present RRCV performance on operational, quality, finance and CIP indicators, outline the key risks facing the CMG and highlight both key recent achievements and future commitments. Although noting the generally-strong performance of the RRCV CMG, the Committee particularly discussed:- (i) performance against the cancer and RTT targets, noting that 62-day cancer performance remained challenging for the lung tumour site; (ii) the CMG's measures to improve recent performance in the Clinical Decisions Unit at the Glenfield Hospital, including the use of a new front-door triage process in December 2015 and introduction of new care pathways, and (iii) income challenges facing the CMG, noting that RRCV was confident of recovering its financial position in the second half of 2015-16. The CMG raised concerns over capacity at the Glenfield Hospital site, which would affect its ability to close further beds as planned. The Chief Executive recognised these concerns and agreed to clarify the communications on this issue.
- **University of Leicester embedded space at UHL** – the Director of Estates and Facilities updated the Committee on this issue (including appropriate recharging), noting a further meeting scheduled with the University's Director of Finance.
- **EPR project** – the Chief Information Officer provided a verbal briefing, advising of slippage in the process for NTDA approval of the EPR project and the need also now for Department of Health approval, which could potentially take until March 2016. A contingency plan was now being developed for ED, as this did not match the timescale for the new Emergency Floor. The Committee expressed its disappointment at these developments.
- **IBM contract performance quarterly review** – the Chief Information Officer advised of reduced IBM

performance against certain significant SLAs in this quarter (with attendant financial penalties), although November 2015 performance appeared to have improved. The Chief Financial Officer emphasised the crucial need for the data warehouse information to be correct, particularly at this stage of the financial year, and the Chief Information Officer outlined the steps taken to resolve that issue.

- **month 7 financial performance and forecast 2015-16** – the Committee was encouraged by an improvement in the financial position, although there was still room for further progress. Operational pressures (including the planned junior doctors' strike[s]) remained challenging, however, with the most significant risk to UHL's financial position being a disruption to elective capacity over winter. In response to a query from the Trust Chairman, the Chief Financial Officer noted his confidence that the CMG revised financial plans were realistic and deliverable.
- **capital position and availability** – the Chief Financial Officer briefed IFPIC verbally on concerns over the reduced access to (and delays in approval to spend) public capital, noting further imminent discussions planned with the NTDA. Noting the potential impact on key reconfiguration projects, it was proposed to discuss capital in further detail at the 17 December 2015 IFPIC. It was agreed that from a process perspective, IFPIC should continue to consider and approve (where appropriate) business cases in the usual way.
- **5-year financial strategy (including LTFM) update** – the Committee received its interim refresh of UHL's 5-year financial strategy, noting the fuller discussion planned re: capital at the December 2015 meeting.
- **cost improvement programmes 2015-16 and 2016-17** - £23.3m CIP had been delivered for the year to date, against a plan (to date) of £24.7m, with efforts being put in place to address the variance as far as possible by year end (including assessing whether any schemes could be brought forward from 2016-17). CIP programme management support remained a risk however, and approval to extend the external resource had been sought from the NTDA. A provisional £41m CIP was planned for 2016-17, with 49% identified to date against an internally-set aspirational target of 75%. IFPIC noted plans to increase senior management mobilisation around the 2016-17 CIP schemes.
- **overview of beds cross-cutting CIP theme** – noting the need to balance operational capacity pressures, the Chief Executive requested that a robust capacity plan containing appropriate contingencies be presented to the January 2016 IFPIC. It was also agreed to include key quality and safety risks within all future monthly CIP deepdives.
- **Ambulance handover performance** – the Chief Operating Officer briefed members on ambulance handover performance issues, which reflected the intense pressure currently on the LLR healthcare system. He recognised that the actions to date had not eased the position sufficiently, with patients still waiting unacceptably long times in ambulances and those ambulances not being available for patient call-outs in the community. UHL was in very regular contact with EMAS, CCGs and the NTDA to try and address this issue. IFPIC noted that the CQC had visited the LRI recently as part of its inspection of EMAS, and had witnessed the ambulance handover challenges itself. IFPIC discussed the staffing and process aspects of the issue, although noting that current activity levels remained the key driver. This issue would be discussed further at the public Trust Board on 3 December 2015.
- **month 7 quality and performance report** – the Committee received a briefing on the following issues:-
 - cancer performance – the Director of Performance and Information was largely confident of achieving November 2015 compliance with the 2-week wait indicator, noting significant improvements to the endoscopy position. Progress had also been made on the 31-day wait indicator. 62-day waits remained challenging but performance was improving. IFPIC agreed to undertake another deepdive into cancer performance at its December 2015 meeting;
 - fractured neck of femur performance – the underperformance was considered to be a temporary dip, due largely to a higher than normal number of unwell patients who could not proceed to theatre;
 - RTT 52 week waits – IFPIC noted significant concern over the Trust's ability to maintain RTT performance if the planned junior doctors' strike(s) went ahead, as Tuesdays were the Trust's busiest day of the week for elective activity. The strike(s) would impact on both theatres and clinics. It was noted that the Quality Assurance Committee would also be discussing the potential quality impact of the strike(s) at its meeting on 26 November 2015;
 - 6-week diagnostics waits – the improving trend was encouraging, but this indicator could also be adversely affected if the planned junior doctors' strike(s) went ahead. The Director of Performance and Information advised that he would bring appropriate recovery plans (for both RTT and diagnostic waits) to the December 2015 IFPIC in the event of the strike(s), which would also detail what the performance position would have been if the strike(s) had not occurred.
 - **reports for scrutiny and information** – the following reports were received and noted:-
 - Updated Timetable for Business Case Approvals – in discussion the Chief Financial Officer voiced

discomfort at proposed slippage on certain projects; a verbal update would be provided to the December 2015 IFPIC;

- Executive Performance Board meeting notes of 27 October 2015;
- Revenue and Investment Committee meeting notes of 16 October 2015;
- Capital Monitoring and Investment Committee notes of 16 October 2015, and
- Updated IFPIC Calendar of Business.

DATE OF NEXT COMMITTEE MEETING: 26 November 2015

Ms J Wilson – Non-Executive Director and IFPIC Chair
17 December 2015