

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 March 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF MEETING: 26 February 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 2 April 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- ***Draft Interim Annual Operational Plan*** – noting the requirement for providers to decide whether to opt for the enhanced tariff option or the default tariff rollover (by 4 March 2015), the Committee provided delegated authority to the Director of Finance and the Chief Executive to determine the best option for UHL following a meeting to be held on Monday 2 March 2015. A briefing note would then be circulated to Trust Board members on 3 March 2015 explaining the rationale behind the Trust's decision and the Trust Board would be invited to ratify the decision on 5 March 2015. The Director of Finance advised that the enhanced tariff model appeared to be the best and most likely option at the current time, but he was keeping an open mind until after the meeting on 2 March 2015.

SPECIFIC DECISIONS:

- ***Matter Arising (1) Empath*** – the Chief Executive and the Director of Finance to review progress in respect of the development of the Empath Business Case and provide a briefing on the outcome to the IFPIC on 26 March 2015;
- ***Matter Arising (2) Financial Awareness Session*** – consideration to be given to scheduling a financial awareness session for Non-Executive Directors after the IFPIC and QAC meetings on 26 March 2015 or 30 April 2015, and
- ***Capital Expenditure 2014-15 and Draft Capital Programme 2015-16*** – a further report to be presented to the 26 March 2015 IFPIC meeting to include plans for addressing backlog maintenance. Consideration to be given to inviting the Interim Director of Estates and Facilities to attend future IFPIC meetings, and
- ***Draft Financial Plan 2015-16*** – a further iteration to be presented to the 26 March 2015 IFPIC meeting prior to submission to the 2 April 2015 Trust Board for final approval. Consideration to be given to inclusion of any risks surrounding the Interserve contract and the projected outturn for emergency activity.

DISCUSSION AND ASSURANCE:

- ***Clinical Support and Imaging CMG Presentation*** – the following issues were highlighted:-
 - strong financial performance and CIP delivery for 2014-15,
 - excellent progress with identification of CIP schemes for 2015-16 and opportunities being explored to over-deliver against the 2015-16 CIP target and/or deliver an income and expenditure surplus for 2015-16;
 - the significant contributions that CSI made to support UHL's emergency care performance (eg

- expanded pharmacy dispensing hours);
- innovative workstreams within pharmacy and forensic imaging;
- risks surrounding increased imaging activity, diagnostic capacity, demand management issues, workforce management of change processes and the volume of projects contributing to the Trust's 5 Year Strategy;
- additional support that might be required in the form of commercial and marketing expertise to support innovation, including the potential development of a Commercial Strategy during the 2015-16 financial year;
- workforce shortfalls (particularly in Pharmacy and Ultrasound services) and plans being taken forward to mitigate the position and reduce premium pay expenditure, and
- the positive interaction between the CMG and their embedded EY resource and the arrangements for transferring these skills across to the CMG's newly appointed transformation lead;
- **Quarterly review of the IM&T contract with IBM** – including a particular focus on:-
 - Data Warehouse arrangements, where a revised plan was expected to be signed off by the end of the week to achieve an optimal and sustainable position;
 - financial and operational risks surrounding the ceasing of the DoH free SMS text delivery service for NHS Trusts;
 - opportunities to review the contractual KPIs and seek independent assurance that the Trust was still gaining appropriate value for money during the third year of the contract;
 - the “go live” date for Electronic Document Record Management (EDRM) in Paediatrics on 27 April 2015, and
 - examples of clinical innovation which were due to be showcased in the next 7 days at the Clinical Advisory Group;
- **Update on the Alliance contract** – including the appointment of the substantive Alliance Director and the proposal supported for the Revenue and Investment Committee to oversee the processes and business cases for all service shifts into the Alliance;
- **Governance Process for EMRAD** – the assurance provided by the Director of Finance following his in-depth review;
- **Forward schedule of business cases for 2015-16** – further work was taking place to define the shape of the business cases and the Committee's work programme would be updated accordingly and presented to the next IFPIC meeting;
- **Month 10 financial performance** – updates on the following issues to be included in the next iteration of the report:-
 - short term mitigation measures to reduce the run-rate on premium pay, and
 - clarification of an apparent overspend in respect of printing and postage charges;
- **Cost Improvement Programme** – continued good progress was noted and arrangements for processing any quality and safety impact assessments were being made through the quarterly extended quality and safety review meetings with the CMGs. A report articulating the key actions to be undertaken in respect of the 2015-16 CIP programme would be presented to the Executive Team in the next 2 weeks. It was agreed that a review of the Outpatients cross-cutting theme would be presented to the IFPIC on 30 April 2015;
- **Month 10 Quality and Performance** – discussion focused upon the Trust's improved RTT position, diagnostics performance and cancer 2 week wait and 31 day performance. The required standard for 62 day performance was expected to be achieved in July 2015;
- **Clinical Letters** – assurance was provided that the turnaround times for clinical letters production and the volumes of outstanding letters had reduced in all CMGs. There was still no automated process to capture the data, but work was continuing to address this. In addition, the Clinical Information Officers were working with primary care with a view to developing a direct email mechanism for clinical letters;
- **Ambulance Handovers** – the new RFID tagging equipment was expected to be implemented by 1 April 2015, at which point more accurate performance data would become available. However, ED occupancy and patient flows would remain the overriding factor in reducing delays in ambulance handovers.

DATE OF NEXT COMMITTEE MEETING: 26 March 2015