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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 November 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF MEETING: 29 October 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 3 December 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- **Procurement and Supplies Strategy 2015-18** – the Strategy was supported and the Committee considered ways in which staff engagement could be improved through LiA, e-learning and cross-representation at meetings. Quarterly updates to be scheduled on the IFPIC calendar of business, and
- **East Midlands Congenital Heart Centre (EMCHC)** – the Committee supported the Full Business Case for the interim EMCHC solution, noting that the capital cost had reduced to £840,000 from an original budget of £3m and that the ward accommodation on the Glenfield site would be suitable for future adult in-patient accommodation once the service moved to the LRI site.

DISCUSSION AND ASSURANCE:

- **Matters arising:-**
 - Minute 100/15/1 of 24 September 2015 – a structured ward visit had been scheduled for 4pm on 26 November 2015 (hosted by the ESM CMG). All of the Non-Executive Directors were planning to attend and an invitation was extended to any Executive Directors, and
 - Minute 88/15/4 of 27 August 2015 – a delay was reported in the implementation of the proposed charging mechanism for University of Leicester embedded accommodation at UHL, and further clarity was requested regarding the timescale for resolution of this issue.
- **Update on Empath Performance** – the report was received and noted. A discussion took place regarding the arrangements for development of the most appropriate key performance indicators. Poor performance was noted in the area of Cellular Pathology, but assurance was provided that an appropriate focus was being maintained in respect of priority samples for cancer pathways;

- **Interserve Facilities Management Contract Performance** – the Committee noted ongoing concerns in respect of the quality of cleaning services and the associated impact upon the patient environment. Interserve’s ability to recruit to vacant posts was becoming problematic, but assurance was provided that all emails and incident reports were being followed up and appropriate monitoring mechanisms and audit trails were being maintained (including a reciprocal peer audit arrangement with another Trust in Derbyshire);
- **Month 6 Quality and Performance** – the Committee received a briefing on the following issues:-
 - cancelled operations – Mr B Samarasinghe, Project Manager provided a helpful insight into the daily activities being undertaken in order to reduce the number of on the day cancellations. LiA engagement events had been held to re-enforce the impact of cancellations from a patient’s perspective. Up to 100 cancellations per month were currently being averted, but the focus was predominantly on operational issues rather than strategic workstreams and the underlying impact of a shortfall in bed capacity was likely to impact upon elective activity throughout the winter period;
 - RTT incomplete 18 weeks – the incomplete performance remained compliant although some concerns were noted in respect of gastro-enterology, orthopaedics and paediatric ENT. National performance was expected to deteriorate in December 2015 and UHL’s performance was likely to deteriorate as an impact of the ICU reconfiguration workstream;
 - RTT 52 week waits – a meeting had been held with NHS England in respect of Orthodontics incomplete pathways and the waiting list was now closed. Patients were being asked to consider alternative treatment options and feedback on the take-up rates was awaited. 100 available treatment slots with an alternative provider (community orthodontist) had recently been withdrawn due to the retirement of the individual practitioner. A communications plan for patients was being developed in association with NHS England;
 - 6 week diagnostics – additional endoscopy sessions continued to be delivered and assurance was provided that the required changes to the service were being implemented at pace. Lessons learned by the Corporate teams had included the development of a more coherent interaction with challenged CMGs (so as not to overwhelm them with requests for assurance);
- **Planned Waiting List Review** – the Committee received and noted the final report on the planned waiting list review;
- **Month 6 Financial Performance and Forecast 2015-16 Financial Delivery** – the Committee noted that this was the first financial performance report against the revised 2015-16 trajectory. The year to date position was currently £0.5m adverse to plan (£26.5m deficit against the planned £26m position). Discussion took place regarding progress of the agreed recovery actions and the Committee requested that additional narrative be provided on these themes within the next iteration of the report.
- **Development of PLICS/SLR** – the report was received and noted. Discussion took place regarding opportunities to increase the visibility of this valuable data through the Committee reporting schedule during 2016-17;
- **Better Payment Practice Code Performance** – the trajectory to achieve 95% compliant in-month performance in January 2016 was welcomed, as was the establishment of the SME supplier category;
- **2016-17 Planning Principles** – the draft planning principles were supported, but the Committee queried the process for any subsequent conversations which might be required to address the size of the gap between bottom up service level plans and the Trust’s overall financial strategy. Discussion also took place regarding the arrangements for Patient Partner and Commissioner involvement within the proposed confirm and challenge processes. Further discussion on these aspects of the proposals would be held at the 12 November 2015 Trust Board thinking day.
- **Cost Improvement Programme** – the forecast CIP delivery for 2015-16 stood at £42.4m against the target of £43m and all CMGs were expected to deliver or exceed their targets. Focus was turning towards the 2016-17 CIP target and CMGs and Corporate Directorates had been

challenged to identify 75% of their CIP target by the end of November 2015. Key risks for 2016-17 would include out of hospital capacity shifts and non-pay expenditure plans;

- **Overview of the Workforce Cross-Cutting CIP Theme** – the Chief Nurse and the Medical Director provided overviews of the nursing and medical productivity workstreams:-
 - Nursing – good progress was being maintained and nursing teams were beginning to understand the additional value of the model being embedded. Full nursing and establishment and acuity reviews would be undertaken on a 6 monthly basis and the outputs of the October 2015 review would be presented to the Trust Board on 7 January 2016;
 - Medical productivity – the Medical Director highlighted the impact of potential European Working Time Directive derogations within medical job plans which he would be discussing with the Chief Financial Officer in the near future. He also noted the scope to review clinical working practices to ensure that clinicians were only undertaking the key elements of clinical practice, appropriately supported by the Trust’s infrastructure (eg entering data on multiple clinical systems during clinics);
- **Reports for Scrutiny and Information** – the following reports were received and noted:-
 - Updated Timetable for Business Case Approvals;
 - Executive Performance Board meeting notes of 22 September 2015;
 - Revenue and Investment Committee meeting notes of 11 September 2015;
 - Capital Monitoring and Investment Committee notes of 11 September 2015, and
 - Updated IFPIC Calendar of Business.
- **Children’s Hospital Project Initiation Document** – the Committee welcomed the direction of travel of the PID, noting that the Children’s Hospital Outline Business Case was scheduled to be presented to the January 2016 IFPIC meeting and the February 2016 Trust Board. Members commented the imperative to co-locate children’s services on the LRI site (including the EMCHC) and the current challenges surrounding delivery of children’s services within UHL’s existing estate configuration.

DATE OF NEXT COMMITTEE MEETING: 26 November 2015

Ms J Wilson – Committee Chair
29 October 2015