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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 February 2016

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Mr M Traynor, Non-Executive Director

DATE OF MEETING: Thursday 28 January 2016

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 March 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- **Matters Arising** – a post-investment review of the implementation of the Da Vinci Robot business case would be undertaken at the Capital Monitoring and Investment Committee before the end of March 2016 (including the impact upon the wider Urology service). Consideration to be given to holding a future awareness session for IFPIC members on this topic;
- **IFPIC Calendar of Business 2016-17** – approved, subject to clarity regarding the frequency of performance monitoring within the Facilities Management contract;
- **Alliance Financial Framework** – approved;
- **Planned Ambulatory Care Hub project initiation document** – supported, and
- **Women's Services project initiation document** – supported.

DISCUSSION AND ASSURANCE:

- **Month 9 Financial Performance report** – a year to date deficit of £32.0m was reported, which was £1.9m adverse to plan. Actions were underway to ensure that each CMG and Corporate Directorate delivered their year-end control totals. Delivery against the capital programme was also being monitored closely to ensure full delivery of the revised £49.5m total. Key risks included income streams for elective care and year-end settlements with commissioners;
- **National Planning Guidance 2016-17** – access to the recently announced 'Sustainability and Transformation Fund' would be subject to meeting robust improvement trajectories to be agreed with Commissioners, NHS England and NHS Improvement;
- **Capital Constraints Estates and Facilities Risk Assessments** – the Committee received assurance regarding the risk based methodology used for allocation of backlog maintenance investment, noting that the Reconfiguration Board was undertaking a review of the overall programme broken down by hospital site;
- **Cost Improvement Programme** – the forecast CIP outturn for 2015-16 was commended (£43.05m against the £43.0m target), although work continued to address the non-recurrent

element (£3.8m). Opportunities being progressed to improve the 2016-17 CIP position (71% of target identified) included cross-cutting workforce schemes, premium pay reduction, procurement, service reviews, non-NHS income and potential re-design of back-office functions;

- **Outpatient Plan 2016-17** – pending the outcome of further staff and patient engagement workstreams, an update on the strategy for improving OPD processes would be presented to IFPIC in April or May 2016. This report would also be expected to incorporate the expected benefits of implementing an electronic patient record;
- **Update on Lord Carter’s Review of Operational Efficiency in NHS Providers** – UHL was continuing to work with the Carter Team to validate the indicative level of savings identified. The outputs would then be triangulated with the Trust’s CIP programme;
- **Workforce Update** – the Committee welcomed the format of this new monthly report, noting opportunities to commence graduate recruitment processes earlier within the academic pathways (eg within year 2 instead of at the end of year 3) and to improve retention by focusing upon those factors within the Trust’s control identified by staff exit surveys;
- **Alliance Financial and Operational Performance** – the update on performance and progress towards shifting elective care services into the community was received and noted;
- **Month 9 Quality and Performance report** – IFPIC members noted the following key issues:-
 - continued good progress in reducing the Endoscopy backlog and the improved trajectory for achieving compliant diagnostic performance in February 2016;
 - an expected deterioration in RTT performance in February 2016 arising from the number of elective procedures being cancelled;
 - the unsustainable nature of the voluntary arrangements for delivering additional clinics and operating sessions within the specialties of Gastroenterology and ENT;
 - the impact of HDU and ITU bed capacity upon cancellation rates for cancer patients – an update on this issue was requested for the 25 February 2016 IFPIC meeting;
 - a deterioration in Pathology 7 day performance metrics which had (in turn) affected cancer performance;
- **2016-17 Capacity Planning Principles and Implications** – a progress update on the development of robust demand and capacity plans for 2016-17 was received and noted. Further updates on this workstream would be presented to the 11 February 2016 Trust Board thinking day and the 25 February 2016 IFPIC meeting;
- **Orthodontics Update** – paper N outlined a proposal to manage the current Orthodontics waiting list by transferring them back to the original referrers in recognition of the fact that UHL had undertaken all possible actions to treat them and that this action would be in the best interests of those patients concerned, and
- **CMG Presentation – Musculoskeletal and Specialist Surgery** – following an informal discussion over the lunchtime period, the MSS management team provided a short overview of their current financial and operational performance, key risks, achievements and areas where additional Trust Board support would be welcomed. The Chief Financial Officer reiterated the importance of clarifying which elements of financial performance were not within the CMG’s gift to control, eg elective surgery cancelled due to medical outliers occupying the CMG’s bed base.

ITEMS DEFERRED TO THE NEXT MEETING:

- None.

DATE OF NEXT COMMITTEE MEETING: Thursday 25 February 2016

Mr M Traynor – Committee Chair

28 January 2016