

Trust Board paper S3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 August 2017

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Mr M Traynor, IFPIC Chair

DATE OF COMMITTEE MEETING: 29 June 2017

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- Minute 61/17 – Capital Programme 2017-18.

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/
RESOLUTION BY THE TRUST BOARD:**

- none

DATE OF NEXT COMMITTEE MEETING: 27 July 2017

Mr M Traynor, Non-Executive Director and IFPIC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 29 JUNE 2017 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:

Mr M Traynor – Non-Executive Director (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Moore – Non-Executive Director (excluding Minute 72/17)
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman
Mr P Traynor – Chief Financial Officer

In Attendance:

Mr C Benham – Director of Operational Finance (excluding Minute 72/17)
Mr N Bond – Head of Capital Projects (for Minute 61/17)
Mr J Clarke – Chief Information Officer (for Minutes 61/17 and 67/17/2)
Ms M Gordon – Patient Adviser
Mr D Kerr – Director of Estates and Facilities
Mr W Monaghan – Director of Performance and Information
Mrs K Rayns – Trust Administrator
Mr B Shaw – Head of Procurement and Supplies (for Minute 66/17/1)
Mr N Sone – Financial Controller (up to and including Minute 66/17/3)
Mr D Streets – Deputy Head of Procurement (for Minute 66/17/1)
Mr C Sutton – Medical Equipment Executive Chair (for Minute 61/17)
Ms L Tibbert – Director of Workforce and Organisational Development (excluding Minute 72/17)
Ms N Topham – Reconfiguration Programme Director (for Minute 61/17)

RECOMMENDED ITEMS

ACTION

61/17 CAPITAL PROGRAMME 2017-18

Further to Minute 53/17/4 of 25 May 2017, paper H1 provided an update on the implications of the reduced Capital Programme for 2017-18. Each of the sub-group principal owners attended the meeting to provide an overview of the inherent risks and mitigation measures included within their respective programmes and it was agreed that the Trust Board would be sighted to the key issues via the summary of this meeting which would be submitted to the 6 July 2017 Trust Board meeting.

**IFPIC
Chair**

- (a) Reconfiguration Programme (paper H2) – Ms N Topham, Reconfiguration Programme Director advised that expenditure had been pared down to the absolute minimum whilst the outcome of 2 bids for external capital for progressing the Trust's strategic reconfiguration was awaited. In the meantime, the Executive Strategy Board had agreed an outline work programme in the event that external capital became available in the Autumn Statement. Members noted that loan funding was not permitted to be used for design work and business case development costs;
- (b) Estates and Facilities (paper H3) – Mr N Bond, Head of Capital Projects and the Director of Estates and Facilities provided an overview of the risk-assessment process used to prioritise planned expenditure. A list of the schemes omitted from the plan or reduced in scale also featured within the paper. Assurance was provided that statutory compliance and external accreditation requirements would be met. However, there were some inherent risks within the plan relating to unexpected breakdowns and failures and these were likely to create additional revenue cost pressures in-year;

- (c) Medical Equipment (paper H4) – Mr C Sutton, Medical Equipment Executive Chair reported that the rolling medical equipment replacement programme had been suspended for the second consecutive year (in line with the reduced capital availability). With the exception of endoscopy and dialysis equipment, the usual life span for medical equipment was considered to be 10 years. Excluding MES and Empath equipment, the Trust’s medical equipment assets were valued at £66.8m, but approximately £15m of this equipment was currently in excess of 10 years old. Priority had been given to replacement of broken and obsolete equipment and a larger than usual contingency sum had been retained to manage any in-year equipment failures. The medical equipment elements of CMG-level service expansion plans would not be funded during 2017-18. The Chief Financial Officer commented upon the need for strategic discussion surrounding the increased use of Managed Equipment Services within the context of restricted availability of national capital. In addition, discussion took place regarding the appropriate use of charitable funding to support new and innovative medical equipment. The IFPIC Chair noted the fast moving pace of advances in technology and functionality and he undertook to brief the Charitable Funds Committee Chair on this discussion, and **CFO**
- (d) Information Management and Technology (IM&T) – Mr J Clarke, Chief Information Officer reported verbally to advise that a balanced capital programme for 2017-18 would be developed once the scale of expenditure required for enhancing the Trust’s cyber security arrangements was confirmed. In parallel, the Trust was exploring alternative solutions to fund the IM&T equipment replacement programme. **IFPIC Chair**

Recommended – that (A) the Trust Board be sighted to the key issues and inherent risks associated with the reduced 2017-18 Capital Programme via the IFPIC meeting summary (to be presented to the Trust Board on 6 July 2017); **IFPIC Chair**

(B) strategic discussions be held to provide clarity regarding appropriate use of Managed Equipment Services in the context of restricted availability of national capital; **CFO**

(C) the IFPIC Chair be requested to brief the Charitable Funds Committee Chair on the IFPIC discussion relating to the general principles of approving charitable funding applications for earlier replacement of medical equipment to keep pace with new technology and improved functionality. **IFPIC Chair**

RESOLVED ITEMS

62/17 APOLOGIES

Apologies for absence were received from Mr S Barton, Director of CIP and Future Operating Model; Mr A Johnson, Non-Executive Director, and Mr R Mitchell, Chief Operating Officer.

Resolved – that the apologies for absence be noted.

63/17 MINUTES

Resolved – that the Minutes of the 25 May 2017 IFPIC meeting (papers A1 and A2) be confirmed as correct records.

64/17 MATTERS ARISING

Paper B detailed the status of all outstanding matters arising from previous Integrated Finance, Performance and Investment Committee (IFPIC) meetings. The Committee particularly noted progress in respect of the following items:-

- (a) ***Item 5 (Minute 48/17(e) of 25 May 2017)*** – the Patient Adviser confirmed that she had met with the Chief Information Officer to review the Trust’s proposals for

- achieving a paperless hospital by the year 2020. Particular discussion took place regarding the cash releasing benefits of the scheme and residual concerns that the forecast savings (£26m over the next 5 years) might not be achievable and would not be delivered in a straight line trajectory. The level of savings and the pace of delivery would be reliant upon redesigning roles, changing culture and reducing headcount under a management of change process with limited change management resources being made available. The Chief Financial Officer provided assurance that the forecast savings would be appropriately re-profiled within the Long Term Financial Model (LTFM) which was now scheduled for IFPIC consideration on 31 August 2017; **CFO**
- (b) **Item 10 (Minute 53/17/2 of 25 May 2017)** – the Chief Financial Officer advised that a £2m payment had been received from LPT and NHS Property Services in respect of overdue invoices (which had significantly reducing the outstanding debt). A baseline standing order arrangement was being established to manage the cross-charging of estates and facilities services in order to reduce the scale of any future debt; **CFO**
- (c) **Item 14 (Minute 53/17/7 of 25 May 2017)** – the updated report on renewal of the electronic rostering contract had been rescheduled for the August 2017 IFPIC meeting. In response to a query, the Director of Workforce and Organisational Development clarified that the Trust had recently purchased sufficient additional licenses to comply with the existing contract, but not any additional modules (pending completion of the full options appraisal); **DWOD**
- (d) **Item 17 (Minute 54/17/1 of 25 May 2017)** – the draft Project Initiation Document for the Corporate Services Review had been re-scheduled for IFPIC consideration on 27 July 2017, pending sign-off by the relevant project board; **DWOD**
- (e) **Item 15 (Minute 53/17/8 of 25 May 2017)** – an update on the Trust Group Holdings supplier Deed of Guarantee would be included within the report to the Trust Board on 6 July 2017; **CFO**
- (f) **Item 19 (Minute 55/17/3 of 25 May 2017)** – Colonel (Retired) I Crowe, Non-Executive Director advised that presentations on team working in ED had been well-received. A nursing team working model was currently being developed, but there development of a medical team working model was subject to constraints surrounding employment contracts and programmed educational activities. ‘Nurse in Charge’ and ‘Doctor in Charge’ roles were being taking forward and appropriate individuals were being paired together for the purposes of rota planning; **MD**
- (g) **Item 22 (Minute 55/17/3(d) of 25 May 2017)** – the Chief Executive advised that a task and finish rroup had been established to focus on ED medical staffing resilience overnight. He undertook to circulate an aide memoire on this subject, to IFPIC members (outside the meeting); **CE**
- (h) **Item 25 (Minute 39/17(f) of 27 April 2017)** – the Chief Financial Officer sought and received approval to defer submission of the Long Term Financial Model (LTFM) to the August 2017 IFPIC meeting, noting that he would be away on annual leave for the July 2017 meeting; **CFO**
- (i) **Item 29 (Minute 17/17/3 of 23 February 2017)** – the scenario modelling for the Strategic Reconfiguration Programme had been delayed pending the outcome of applications for national capital funding. A decision was expected to be received prior to the commencement of the parliamentary summer recess on 20 July 2017;
- (j) **Item 32 (Minute 140/16(f) of 22 December 2016)** – the Trust Chairman agreed to liaise with the Director of Corporate and Legal Affairs to schedule an appropriate date for Trust Board thinking day discussions on Lean techniques, and **Chairman**
- (k) **Item 34 (Minute 41/16/3(a) of 28 April 2016)** – the Trust Chairman agreed to liaise

with the Director of Corporate and Legal Affairs to schedule an appropriate date for a follow-up TB thinking day event at IBM's headquarters in London.

Chairman

Resolved – that the matters arising report and any associated actions above, be noted.

65/17 FIRE SAFETY

The Committee Chair invited the Director of Estates and Facilities to report verbally on the recent review of UHL fire safety assessments, following the 14 June 2017 Grenfell Tower fire in London. Within the last week, the Trust had responded to a Department of Health Audit advising that UHL had no externally clad high rise buildings. Assurance was provided that all fire risk assessments for UHL buildings had been completed and refreshed (where necessary). An update on fire safety would be included in the Chief Executive's briefing to the 6 July 2017 Trust Board meeting. In addition, the Trust's Annual Fire Report was scheduled for consideration by the Executive Quality Board (EQB) in July 2017 and the Trust Board in August 2017.

CE

DEF

Resolved – that (A) the verbal report on fire safety at UHL be received and noted;

(B) an update on UHL's fire safety arrangements be included in the Chief Executive's Trust Board briefing report for 6 July 2017, and

CE

(C) the UHL Annual Fire Report be presented to EQB on 4 July 2017 and the Trust Board on 3 August 2017.

DEF

66/17 FINANCE AND PLANNING

66/17/1 Non-Pay Procurement Workstream

Mr B Shaw, Head of Procurement and Supplies and Mr D Streets, Deputy Head of Procurement attended the meeting to present paper C, providing an overview of progress in respect of the Trust's Procurement Strategy and performance in enabling cost improvements for the Trust. The Chief Financial Officer advised the Committee that Mr B Shaw had been seconded to the role of Director of Efficiency and CIP now that Mr S Barton (previously the Trust's Director of CIP and Future Operating Model) had assumed his new role as Director of Operational Improvement. Mr D Streets would be acting up as Head of Procurement and Supplies, during the period of Mr Shaw's secondment.

IFPIC particularly noted the improving trends in staff feedback and percentage of expenditure being channelled through electronic purchase orders. However, as a result of an increased workload of estates and facilities orders, the time to process a requisition into a purchase order had increased from 1.6 days to 2 days and the backlog had also increased. The Secretary of State for Health had recently requested specific reporting using the outputs of the National Price Benchmarking Tool and these indicators were likely to be published on the 'My NHS' portal. This benchmarking tool had not been designed for this purpose and the outsourced contracts with Asterol, Synergy and Siemens were causing UHL's process score data to appear 'skewed'. It was agreed that future updates on the Procurement Strategy would make the distinction between inclusion/exclusion of the outsourced contracts within the reporting data.

HP

A good working relationship had been established with NHS Supply Chain, who had embedded an individual working at UHL for 2.5 days per week. The annual savings delivered through this contract had increased from £300k to over £1m within the last 12-18 month period. The Trust was due to be assessed for Level 2 of NHS Procurement Standards on 11 October 2017.

In discussion on paper C, members commented upon the need to continue to standardise product usage wherever possible. To date, procurement related savings of £7.5m had

been identified against the £8m target, but the majority of the 'quick wins' had already been achieved. The remaining challenge was to identify new opportunities for changing products, services and working practices in order to deliver additional savings. For example 100% compliance with purchase order procurement would require changes in the accounts payable process, going forwards.

In response to a query raised by Mr R Moore, Non-Executive Director about the development of a world-class procurement service, it was noted that the Trust would require additional NHS Improvement and Department of Health support to deliver a change in the operational model. With effect from 2019, Trusts would be heavily incentivised to use NHS Supply Chain contracts and the Head of Procurement and Supplies voiced some concern regarding the arrangements for the pace of implementing innovation within the NHS Supply Chain.

Resolved – that (A) the Non-Pay Procurement Workstream update be received and noted, and

(B) the Acting Head of Procurement be requested to make a distinction between the inclusion/exclusion of outsourced contracts data within future reports to the Committee.

AHP

66/17/2 2017-18 Month 2 Financial Performance

The Chief Financial Officer and the Director of Operational Finance introduced paper D, providing the monthly summary of performance against the Trust's statutory duties, financial performance, cash flow and capital expenditure, and advising of the Trust's year to date income and expenditure deficit of £13.6m, which was in line with plan. Year to date CIP performance stood at £3.567m (compared to the planned £3.3m). Pay expenditure was £0.9m adverse to plan, but this was currently being off-set by over-performance in clinical activity. Agency pay expenditure was in line with plan, although the substantive paybill and enhanced bank rates continued to cause a cost pressure going forwards. The key risks and mitigation measures were set out on page 22 of paper D. These mainly related to identification of additional CIP schemes to meet the current £3m gap, demand and capacity funding, unfunded cost pressures, commissioner affordability of additional patient care activity and a requirement to reduce agency expenditure by 17%.

Resolved – that the 2017-18 month 2 Financial Performance report (paper D) and the subsequent discussion on this item be received and noted.

66/17/3 Confidential Report by the Chief Financial Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

66/17/4 Cost Improvement Programme (CIP)

In the absence of the Director of CIP and Future Operating Model, the Chief Financial Officer introduced paper F1, providing the monthly update on progress of the Cost Improvement Programme, as at the end of May 2017. Year to date savings stood at £3.56m reflecting a positive variation to the planned £3.3m and plans were in place to address the remaining £3m of unidentified schemes within the overall £33m target. The key risks and mitigating actions were set out on slides 8 and 9, but the main focus would be to ensure consistent delivery of the forecast savings throughout the remainder of the 2017-18, under the leadership of Mr B Shaw, Director of Efficiency and CIP.

Paper F2 provided an overview of the Outpatients cross-cutting CIP theme. In the absence of the Director of Performance and Information at this point in the meeting, there was no separate discussion on this item.

Resolved – that the reports on CIP progress and the Outpatients cross-cutting CIP theme be received and noted as papers F1 and F2 (respectively).

66/17/5 Confidential Report by the Chief Financial Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

67/17 **PERFORMANCE**

67/17/1 Workforce Update

The Director of Workforce and Organisational Development introduced paper I, providing a comprehensive update on UHL's Workforce and Organisational Development Plan and key workforce metrics. IFPIC members particularly noted the challenges surrounding reducing overall paybill expenditure, enhanced bank rates, locum staffing costs, vacancies and staff turnover. An analysis of leavers with between 1 and 5 years was being undertaken to determine whether UHL was an outlier in this area. Time to recruit stood at 73.6 days in clinical areas and 61.7 days in Corporate areas. Whilst this reflected an improvement in the previous month's data, work was underway to improve this performance to meet the target of 47 days.

Apprentice appointments were progressing well and it was expected that the target for 2017-18 of 334 apprentice starts would be achieved. Sickness stood at 3.38% against the target of 3% and anxiety, stress and depression continued to cause the most days lost. In respect of statutory and mandatory training, the data had not yet been validated following the transfer from e-UHL to HELM. Appraisals performance stood at 92% against the 95% target, however now that incremental progression was linked to the appraisals process, this performance was expected to improve. The draft People Strategy was scheduled for consideration at the 18 July 2017 EWB meeting, the 10 August 2017 Trust Board thinking day, and the 7 September 2017 Trust Board meeting.

In discussion on the Workforce and OD update, IFPIC considered the workforce age profile noting that over 4,000 members of staff were over the age of 50 and that many staff were considered to reach the peak of performance at the age of 45. Other roles were being explored as an alternative to retirement (eg mentoring and supporting new staff). In respect of the nursing workforce, members noted a fundamental shortfall in recruitment and some severe shortages in key areas, despite the efforts made in respect of overseas recruitment, return to nursing courses, new roles development and enhanced administrative support. The Chief Nurse was working closely with Universities to improve attrition rates and retention of trainee nurses. It was agreed that a 1 hour discussion on this subject would be helpful at the August 2017 Trust Board thinking day.

Resolved – that (A) the Workforce Update report (paper I) and the subsequent discussion be received and noted,

(B) the Director of Workforce and Organisational Development be requested to arrange for a review and benchmarking of the Trust's leavers statistics (between years 1 and 5) to be undertaken to determine the types of roles affected and their reasons for leaving;

DWOD

(C) the UHL People Strategy to be presented to the 18 July 2017 EWB meeting, the 10 August 2017 Trust Board thinking day, and the 7 September 2017 Trust Board meeting, and

DWOD

(D) the Director of Corporate and Legal Affairs be requested to schedule a 1 hour discussion on nurse training quotas and attrition rates at the 10 August 2017 Trust Board thinking day.

DCLA

67/17/2 IM&T Quarterly Update

Further to Minute 33/17/4 of 30 March 2017, Mr J Clarke, Chief Information Officer attended the meeting to introduce paper J, providing an overview of the IBM contractual performance, noting that the areas of daily ETL (relating to the process for extracting, transforming and loading data) and customer satisfaction were continuing to under-perform and these metrics were subject to a weekly review. The report also advised on the impact of recent malware attacks and their destabilising impact upon performance and the Chief Information Officer commended the significant efforts of the UHL and IBM teams in minimising the impact of these national cyber security attacks.

As the contract moved into the second half of the 5 year term, the service improvement programme was fully embedded and work was well underway to support the change in direction following the decision not to proceed with the Electronic Patient Record project. Members noted that Mr S Humberstone had recently left IBM and the contract was now being managed on an interim basis by Ms J Fernihough. Discussion took place regarding the scope for arranging a follow-up Trust Board thinking day session, preferably to be held at the IBM headquarters in London.

Trust
Chair

Resolved – that (A) the IM&T Quarterly Update (paper J) and the subsequent discussion be received and noted, and

(B) the Trust Chairman be requested to liaise with the Director of Corporate and Legal Affairs to schedule an appropriate date for the follow-up session with IBM, as discussed under the matters arising report (Minute 64/17(k) above refers).

Trust
Chair

68/17 **SCRUTINY AND INFORMATION**

68/17/1 Timetable for UHL Business Case Approvals

Resolved – that the update on the approvals process for Strategic Business Cases be received and noted as paper K.

68/17/2 IFPIC Calendar of Business 2017-18

Resolved – that the IFPIC calendar of business for 2017-18 be approved as paper L.

68/17/3 Executive Performance Board

Resolved – that the notes of the 23 May 2017 Executive Performance Board meeting be received and noted as paper M.

68/17/4 Capital Monitoring and Investment Committee

Resolved – that the notes of the 12 May 2017 Capital Monitoring and Investment Committee meeting be received and noted as paper N.

68/17/5 Revenue Investment Committee

Resolved – that the notes of the 12 May 2017 Revenue Investment Committee meeting be received and noted as paper O.

69/17 **ANY OTHER BUSINESS**

Resolved – that no items of other business were noted.

70/17 **ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD**

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 6 July 2017, and

TA/
Chair

(B) the following items be particularly highlighted for the Trust Board's attention:-

- Minute 61/17 – Capital Programme 2017-18, and
- Minute 66/17/5 – confidential report by the Chief Financial Officer.

71/17 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 27 July 2017 from 9am to 1pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

72/17 JOINT IFPIC/QAC MEETING TO DISCUSS QUALITY AND PERFORMANCE

72/17/1 Month 2 Quality and Performance Report

Executive Directors particularly highlighted the following issues from the 2017-18 month 2 quality and performance report:-

- continued strong diagnostic performance in May 2017 for an eighth consecutive month. The RTT 92% in 18 weeks standard was achieved in May 2017, which was the first time since November 2016;
- the continued welcomed reduction in 52-week waits, which stood at 17 in April 2017 and had reduced to 9 in May 2017;
- cancer performance for April 2017 continued to be encouraging, with 2 week wait and the 31-day standard both remaining compliant. Performance for the 62-day standard had reduced from 86.5% in April 2017 to 83.9% in May 2017 and was predominantly due to late transfers from other centres;
- there had been no cases of MRSA or clostridium difficile during May 2017. Details of the e coli bacteraemia target had been received, as a health economy a 10% reduction was required and this would be built into subsequent reporting mechanisms;
- good progress on avoidable pressure ulcers, with 0 grade 3 or grade 4 pressure ulcers reported in this financial year;
- three single sex accommodation breaches had occurred within the month which were nearly all linked to ICU stepdown capacity – revised criteria had been agreed with commissioners;
- three Never Events had occurred during May 2017. A Quality Summit had taken place and agreed actions were being progressed;
- fractured neck of femur was achieved for the month for the first time since November 2016 but remained non-complaint year to date. Further work was being undertaken and would be reported at the July QAC meeting, and
- the latest published SHMI for the period January to December 2016 was 101, which remained within the expected range.

Following discussion at the 25 May 2017 QAC meeting, further discussion took place around the three Never Events which had taken place during May 2017. The CQC and NHSI had been informed. The Medical Director had chaired all three of the Root Cause Analysis (RCA) meetings and the RCA reports would be reported to EQB and QAC in due course. The Safer Surgery Policy was being rewritten and would be re-launched in Autumn 2017. The Chairman was keen that lessons were learned from the governance work undertaken by the University Hospitals Bristol NHS Foundation Trust. IFPIC/QAC received assurances that work was underway with the respective teams.

In discussion, the QAC Patient Partner sought (and received assurances) that work was underway to address the emergency readmission within 30 days target following a decrease in performance in May 2017. The IFPIC Chair sought (and received assurances) that emergency performance would improve following a challenging two days the previous week with ambulance handovers. At a recent EMAS Quality Summit with the CQC which the UHL Chief Nurse had attended, UHL had been commended for their ambulance handover work and had been asked to share best practice with other counties. New protocols had also been introduced around 12 hour trolley breaches and the UHL Chairman had been invited to attend a meeting with the EMAS Chair.

Resolved – that the contents of Joint Report 1 be received and noted.

72/17/2 Cancer 2 Week Wait Performance

The Director of Performance and Information provided Joint Paper 2 in response to a question received at the June 2017 Trust Board around provision of analysis behind the patients not seen within the two week standard. It was noted, however, that the two week wait standard had been achieved for the tenth consecutive month despite a 16% increase in referrals over the past two years. The standard was for 93% of patients to be seen within the two week wait period. The breakdown of patients who were not seen within the two week wait period were reviewed for April and May 2017. The Director of Performance and Information was congratulated on maintaining the standard and on being asked to share learning with the NHSI to support other trusts in delivering change.

Resolved – that the contents of Joint Report 2 be received and noted.

72/17/3 Cancelled Outpatients Appointments

The Director of Performance and Information provided Joint Paper 3 in response to a question received at the June 2017 Trust Board around provision of analysis of cancelled appointments and time to rebook. The complexity and time-consuming nature of calculating multiple cancellations was noted. The report showed a downward trend since January 2016 despite a growth in the overall number of outpatient appointments per month. Nottingham University Hospitals NHS Trust were currently the 'best in class' for performance within UHLs peer group with 4% cancelled outpatient appointments. Assurance was sought (and received) that patients were immediately reinstated, rather than referred back to their GP, if their appointment letter was not received. It was suggested that it would be useful to see the financial impact linked to the cancellation of appointments to understand potential efficiencies. In 75% of cases patients were being given 4-6 weeks notice prior to their appointment but there remained some services who found this challenging due to capacity. The Director of Performance and Information had requested permission from both the Business Services Authority and NHS Services on three occasions to email appointments but this had been denied, text messages were, however, being used for appointment reminders. In discussion of this item, it was agreed that quarterly reports on this subject would be provided from September 2017.

DPI

Resolved – that (A) the contents of Joint Report 3 be received and noted, and

(B) that quarterly reports on Outpatient Cancellations be provided to QAC from September 2017.

DPI

The meeting closed at 1:15pm

Kate Rayns, **Trust Administrator**

Attendance Record 2017-18

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Traynor (Chair)	3	3	100	R Mitchell (to 30.6.17)	3	2	66
J Adler	3	3	100	R Moore	3	2	66
S Crawshaw (to 16.6.17)	2	2	100	B Patel	3	3	100
I Crowe	3	3	100	K Singh	3	3	100
A Johnson	3	2	66	P Traynor	3	3	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Gordon	3	3	100	L Tibbert	3	3	100
D Kerr	3	3	100				