

Trust Board Paper Q

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 June 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF MEETING: 28 May 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 July 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- **Multi Storey Car Park Business Case** – the business case was supported for Trust Board approval on 4 June 2015, subject to further clarification of the projected income scenarios and appropriate patient and public engagement within the project and the associated planning application process, and
- **5 Year Financial Strategy** – IFPIC supported the draft revision to the Financial Strategy for Trust Board approval on 4 June 2015, noting the further work required to develop the finance chapter of a Monitor compliant Integrated Business Plan. A further update would be provided to IFPIC on 30 July 2015.

SPECIFIC DECISIONS:

- none

DISCUSSION AND ASSURANCE:

- **Matters arising** – a review of the lessons learned from the development of the Emergency Floor business case to be presented to the 25 June 2015 IFPIC meeting;
- **CMG Presentation (Emergency and Specialist Medicine)** – the key issues discussed included:-
 - an adverse month 1 financial position of £651,000 (reflecting high levels of agency and premium pay expenditure);
 - progress towards identification of CIP schemes to meet the CMG's £7.2m CIP target, including a potential opportunity to reduce High Cost Therapy (HCT) drug expenditure;
 - consistent delivery of RTT and cancer performance metrics for high volumes of activity;
 - an improved position in respect of stroke performance;
 - plans to recruit a new Head of Operations, whilst recognising the significant contributions that had been made by Ms J Edyvean in this role;
 - planned bed reductions for the summer months;
 - length of stay reductions arising from robust ward round processes;
 - recruitment plans for 5 key Consultant posts (including the development of shared 50/50 roles between ED and Acute Medicine);
 - challenges associated with retention of nursing staff within the care of the elderly wards;

- the importance of ensuring that UHL's interests were addressed within the arrangements for the operation of the Urgent Care Centre at the LRI;
- **Quarterly update on IBM Contract** – particular discussion took place regarding:-
 - increasing confidence that the data warehouse performance target for real-time data by 9am would be achieved in June 2015;
 - the benefits realisation process for the Electronic Patient Record;
 - arrangements for the Capital Monitoring and Investment Committee to review the lessons learned from the roll out of EDRM and managed print services, prior to any further investment;
 - value for money considerations being applied within the contract review process;
 - a lack of IBM support for e-rostering, as this was a hosted service and was therefore outside the scope of the IBM contract;
 - the arrangements for collating and reporting customer feedback on IM&T services and the related topics of the "Gripe Tool" for Junior Doctors and a planned Listening into Action event on 22 June 2015;
 - a proposal to hold two IM&T awareness workshops for Board members at 4pm (immediately following the IFPIC and QAC meetings) on 30 July 2015 and 27 August 2015;
- **Proposed Changes to Sickness Targets** – the Committee agreed that the existing sickness target would be retained, pending a further review of the potential implications at Executive level (as discussed at the Executive Performance Board on 26 June 2015);
- **University of Leicester Embedded Space at UHL** – the Committee received a verbal progress report and noted that the confirmed position would be reported to the 30 July 2015 IFPIC meeting;
- **Lessons Learned from the Development of the Modular Wards Business Case** – the Committee received additional assurance on the level of abortive design fees and value for money considerations within the tender process arising from a change in the specification;
- **Intensive Care Reconfiguration** – an updated timeline for this scheme would be presented to the 25 June 2015 IFPIC meeting, alongside robust contingency plans for maintaining service delivery and an appraisal of the recruitment challenges;
- **Vascular Service Reconfiguration** – the Committee received an update on the revised approach, noting that business cases for the 4 separate schemes (Angiography Suite, Vascular Studies Unit, Vascular Ward, and Hybrid Theatres) would be presented to IFPIC on 30 July 2015 and the Trust Board in August 2015. In addition, a feasibility study was planned in respect of delivering the Hybrid Theatre through a Managed Equipment Service (MES) approach. The Committee requested that opportunities for inviting third party scrutiny of the business cases be further explored;
- **Month 1 financial performance**
 - an adverse variance of £0.7m against the planned £4.3m deficit for month 1;
 - implementation of weekly monitoring meetings with CMGs to develop an increased focus on financial performance without detracting from the Trust's Quality Commitment;
 - potential impact of the month 1 deficit on cash flow and performance against the Better Payment Practice Code;
 - the Committee agreed to monitor CMG financial performance on a monthly basis through the financial performance report and requested that a RAG-rated summary be provided to support this process;
- **Cost Improvement Programme** – the Committee received and noted the CIP progress report and requested that an update on the proposed changes to the Quality Impact Assessment (QIA) process be presented to the Quality Assurance Committee (QAC) within the next 2 months (by 30 July 2015). Discussion took place regarding the actions planned to "close the gap" and opportunities being explored to strengthen Corporate Directorates' CIP performance through non-pay efficiencies;
- **Workforce Cross-Cutting CIP and Workforce Plan** – the updated information on the key actions, priorities and targets associated with each workstream was received and noted. Members queried who would be leading the Premium Spend workstream once Ms M Cloney, Assistant Director of HR left the Trust at the end of May 2015;
- **Overview of the Theatres Cross-Cutting CIP Theme** – the Committee welcomed the format of this briefing report to support the monthly rotating review of the 5 cross-cutting CIP themes but requested that future reports also include a section on the deliverables achieved;
- **Final Annual Operational Plan 2015-16** – the Committee received and noted the final AOP submission to the TDA in accordance with the delegated authority provided to the Trust Chairman and the Chief Executive by the Trust Board on 7 May 2015 and requested that copies of Annex E1

(containing details of the full range of recruitment and retention strategies) be circulated to IFPIC members outside the meeting;

- **Month 1 Quality and Performance** – the Committee noted:-
 - compliant RTT performance for admitted pathways was likely to be achieved in May 2015;
 - significant progress with reducing cancelled operations;
 - consistent delivery of diagnostic targets;
 - a proposal to present a more detailed review of cancer performance to the 25 June 2015 IFPIC meeting (including the outcomes from an audit of patients who had been unable to attend their 2 week wait appointments);
 - that the ambulance turnaround data capture mechanism would be replaced on 1 June 2015, but this was not expected to resolve all issues and a continued focus on improving handover processes was being maintained in parallel;
 - that fractured neck of femur performance was being monitored closely by the Quality Assurance Committee (QAC) and that robust clinical leadership was key within the arrangements for improving performance, and
- **Orthodontics Service** – the Committee received a briefing report on capacity issues and the management of the planned waiting list for this service. Following further investigations, a further report would be provided to the Committee on 30 July 2015. Arrangements would also be made for the Quality Assurance Committee (QAC) to review any patient care implications arising from the issues raised.

DATE OF NEXT COMMITTEE MEETING: 25 June 2015

Ms J Wilson – Committee Chair

28 May 2015