

Trust Board Paper J

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 May 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF MEETING: 30 April 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 4 June 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- **Annual Operational Plan 2015-16** – finalised version to be presented to the 7 May 2015 Trust Board meeting, subject to clarification of the timing of the requirement for the Equality Impact Assessment and the arrangements for CMG-level patient and public engagement resources;
- **Final Financial Plan 2015-16** – endorsed for Trust Board approval on 7 May 2015.

SPECIFIC DECISIONS:

- none

DISCUSSION AND ASSURANCE:

- **Matters arising** – the substantive Alliance Director had now commenced in post and delegated approvals limits would be developed accordingly. The delegated approvals limits would be confirmed at the IFPIC meeting in June 2015;
- **ITAPS CMG Presentation** – the key issues discussed included:-
 - RTT performance in the most challenged specialties of Orthopaedics, ENT and Paediatric ENT;
 - improvements in financial performance during the second half of the 2014-15 financial year;
 - good financial awareness and expenditure control processes;
 - robust CIP plans for 2015-16;
 - improved arrangements for triangulating activity plans, workforce plans and budgets for 2015-16;
 - implementation of theatre trading model;
 - continued due diligence arrangements for supporting the Vascular service (until June 2015), noting that this service had transferred to RRC on 1 April 2015;
 - two issues affecting the Orthodontics and Restorative Dentistry service: (a) Commissioner approval of the business case to deliver additional capacity to reduce waiting lists, and (b) clinical and administrative validation of patients currently on the waiting lists for treatment;
 - continued recruitment and workforce challenges in relation to spinal surgeons for the Trauma and Orthopaedics service and junior doctors;
 - support being sought to progress the pace of Paediatric bed changes without reducing elective

capacity and throughput;

- **University of Leicester Apportionment of Clinical Academic Funding** – subject to the resolution of the final outstanding technical queries, the SLA for medical staff recharges between UHL and UoL was considered to be complete. The Committee received additional assurance that this approach would align with future workforce changes and be sustainable in the longer term. Members commended the positive impact upon UHL's relationship with the University;
- **Da Vinci Robot Post Implementation Review** – the Committee noted the need to create a standardised template for post investment reviews going forwards and agreed that a 12 month interval would allow for more meaningful feedback on the clinical outcomes to be gathered. A further review would be scheduled in November 2015;
- **Month 12 Quality and Performance**
 - RTT performance for incomplete pathways, admitted and non-admitted;
 - cancer performance for 2 week wait, 31 day and 62 day standards – a new patient leaflet had been produced to inform patients on the cancer exclusion pathways and an audit was being undertaken to monitor the briefing information provided from primary care. The Director of Performance and Information agreed to ensure that this leaflet was available for GPs to download from the "Prism" system;
 - ambulance handovers – issues relating to data collection and underlying processes were being addressed and full implementation of the data capture mechanism would be in place by the beginning of June 2015;
 - cancellations and re-booking within 28 days performance remained strong;
 - an extended role had been developed for Mr M Metcalfe to oversee improvements in RTT performance in addition to his current role relating to cancer performance;
- **Month 12 financial performance**
 - delivery of the 2014-15 financial control total and all statutory duties (subject to audit);
 - a continued focus on pay expenditure trends via the workforce cross-cutting CIP theme;
 - opportunities to strengthen the arrangements for business case development and engagement with SLR, SLM and PLICS – a financial awareness session was to be held on 28 May 2015 on this subject and the Trust was planning to participate in a related pilot scheme led by Monitor;
- **Cost Improvement Programme**
 - achievement of £48.04m CIP savings in 2014-15 (against the target of £45.01m);
 - identification of £35.92m CIP schemes for 2015-16 (against a target of £41m plus an additional £2.3m to fund cost pressures);
 - progress with recruitment of UHL Transformation Managers and the arrangements for skills transfer and handovers from EY resources. Mr S Barton, UHL Programme Director had now commenced in post and attended his first IFPIC meeting, but assurance was provided that EY would continue to support the PMO until at least October 2015;
 - arrangements for closing the gap in respect of CIP schemes for 2015-16 and monitoring progress against the 5 cross-cutting workstreams;
- **Workforce Cross-Cutting CIP and Workforce Plan** – a target 10% reduction in premium pay expenditure had been agreed, but the targets for the medical productivity and nursing/midwifery productivity workstreams would be agreed within the next week. The Committee received a summary of the workforce plan for 2015-16 and discussed progress with validation of Consultant job plans and ensuring that these were available electronically;
- **2015-16 Contracts with CCGs and NHS England** – the Committee received and noted the briefing report, supporting this direction of travel, noting that this would apply for 1 year only;
- **Executive Performance Board** – the Committee received briefing information on the planned data centre shutdown and development of the 2015-16 Board Assurance Framework (as discussed at the EPB meeting on 28 April 2015), and
- **Any Other Business** – the Committee received feedback from a recent Non-Executive Director visit to the Coding Centre and considered opportunities for the IFPIC to review clinical coding at a future IFPIC meeting.

DATE OF NEXT COMMITTEE MEETING: 28 May 2015