

Item 6.1.1b

Integrated Performance Committee

minutes

Minutes of the Integrated Performance Committee Meeting Monday 25th October 2021

Present:	Karen O'Hagan Margaret Carney	Non-Executive Director (Chair) Non-Executive Director
In Attendance:	Karen Edge Jonathan Mathews James Bradley Carla Richardson Jennifer Ohlsson	Chief Finance Officer Deputy Chief Operating Officer Deputy Chief Finance Officer Head of Income and Costing Senior Executive Assistant (Minutes)
Apologies for Absence:	Hayley Kendall Bob Burgoyne	Chief Operating Officer Non-Executive Director

1. Apologies for Absence

Apologies noted above.

Margaret Carney, newly appointed Non-Executive Director was introduced to colleagues.

2. Declarations of Interest

None declared.

3. Minutes of meeting held on 26th July 2021

Minutes from the meeting of 26th July 2021 were noted and approved.

4. Action Log

Action 1: Update on the NCC submission is on agenda for update and discussion. Action closed.

Action 2: Outpatients transformation is on agenda for update and discussion. Action closed

Actions

5. Financial / Performance Reporting

5.1 Finance Reporting including CIP

Chief Finance Officer provided an overview of the finance report and noted that the financial performance for the six months ending 30th September 2021 is a £1k surplus, against a breakeven plan, achieving the planned position for the first half of the year. This has been reliant on receipt of the Elective Recovery Fund ERF, which is a non-recurrent resource.

ERF income has been finalised for quarter 1, but remains provisional for quarter 2. In July, NHSE notified providers that the thresholds for the ERF income will be amended from July 2021. This has made it more difficult to earn ERF income in the second quarter, and across the ICS, no ERF income has been recognised from July onwards.

As the Trust moves in to the second half of the year (H2), there still remains a degree of uncertainty over the financial allocations. Planning guidance has now been received and the planning process has commenced with activity planning.

Income is £732k below the year to date plan with key reasons being; total ERF income being £524k below plan and research income being £334k behind the year to date plan. Other income generation schemes are £146k above plan which is mainly driven by income from seconded posts. The Isle of Man and Private Patients income remains on a cost per case arrangement. The total variance is £108k above plan in the year to date position.

Pay expenditure was above plan reporting a £62k overspend for H1, predominantly due to bank and agency usage to cover vacancies and additional shifts.

Elective activity is compared to the 2019/20 activity levels, with a strong focus on restoring activity to pre-Covid levels. The Trust delivered elective activity that was 90% of 2019/20 activity in September and 96% of 19/20 levels year to date, highlighting the significant increase in activity as Covid pressures have eased.

CIP performance remains a risk, with a H1 shortfall of £1,136k. This is currently offset by the risk reserves, but work continues to identify further recurrent schemes in order to ensure financial sustainability going forward.

Capital expenditure was £5,395k against a plan of £7,492k, with much of the variance caused by revisions to the phasing of certain capital projects.

CFO also provided an update on H2. Detailed planning guidance for H2 was published by NHS England on 30th September. This guidance is being reviewed by both Trust and ICS colleagues to determine how ICS allocations should be distributed among providers, and to determine the impact on financial plans for the second half of the year. When this has been clarified, a revised H2 budget will be presented to the Board for approval.

Comments and questions were welcomed, and further clarity was sought on the method of calculating the inflationary increase in car parking and additional income. CFO confirmed that there is not a specific policy and the guidance is light, which initially led to misinterpretation. However it was noted that the H1 position has been managed within the envelope provided.

Clarity was sought on where the risk would sit if H2 is not achieved, at system level or at organisational level. CFO confirmed that the risk would sit across both and added that organisations are accountable individually. CFO noted the requirement to support the system and work with the system in order to achieve financial targets.

It was agreed to circulate the C&M update to committee members.

Deputy Chief Finance Officer provided an update on CIP and stated that though progress has been made, CIP identification remains behind schedule at £3.3M recurrent against a plan on £4.2M. There has been £0.5M schemes identified since the last update. Scheme maturity has improved, with most schemes now at level 2 or 3.

DCFO provided further details on the divisional CIP positions and noted that Medicine has made strong progress against the CIP target. The full year impact of Medicine schemes is £890K, against a target of £884K. Additional schemes will continue to be explored to support both addressing the in-year gap and in readiness for next year.

Surgery is now at 72% of target. The majority of the schemes are rated as low or medium risk. There are regular meetings with departmental managers to identify further opportunities.

Clinical Services is now at 77% of target. The key lines of enquiry include; the review of SLAs, reduction in premium spend and outsourcing through capacity and demand modelling, privation patient radiology provision, review of granular date on drugs and consumables, pharmacy savings and a nursing review in Critical Care.

Corporate are at 73% of target. There is ongoing scrutiny within each department to explore additional savings included; a procurement workplan, workforce review, maintenance contracts, review of portering, catering provision, green initiatives, digital transformation and mattress and bed hire.

Comments and questions were welcomed and it was noted that the transparency and oversight of the CIP programme is beneficial.

A query was raised regarding the risks relating to Covid-19 and potential future lockdowns. DCFO confirmed that each scheme goes through rigorous quality impact review and Deputy Chief Operating Officer added that each CIP scheme is reviewed based on the maturity level. CFO noted that the risk is based on the recurrent deliverability and a lockdown would only cause a temporary impact.

CFO provided further clarification on a Critical Care nursing scheme and added that this scheme relates to the use of bank and agenda staffing on Critical Care and trying to develop a more substantive workforce.

It was noted that the presentation was very clear and a query was raised on future years and at what point it becomes almost possible to identify CIP schemes. CFO noted that the Teams are very innovative and responsive. It is felt that in the future will focus on system efficiencies and transformation.

Chair requested that a presentation on the CIP process be shared with new committee colleagues, in order to better understand the CIP process.

5.2 Capital Report

5.2.1 6 month review

CFO provided an update on the 6-month capital position and stated that there has been a move to a system wide capital allocation and added that the Trust's capital allocation was £1.7M less than requested. The Trust has currently spent £5.4M of the £7.5M plan, year to date.

CFO noted that the Trust has undergone a reprofiling exercise, at the beginning of Q2, which involved a number of Estates schemes. It is predicted that the Trust will deliver on the allocated capital resource by the end of the year. Risks surrounded construction and global supply chains has been factored into the forecast.

In terms of the C&M system, the capital programme was just over £200M and at the end of month 6, this was £26M under plan. The ICS has informed all organisations that a robust, transparent and open view is required on the capital forecast outturn by the end of October 2021.

The LHCH position is showing some slippage against the original plan. This is being managed and the programme is under review in order to fully utilise capital resource in year. The Trust is also looking at what the Trust's response would be to any C&M system slippage. CFO added the DCFO sits on the ICS Capital Management Group in order to represent the Trusts interests.

An update was requested on Tilbury Douglas, the Contractors on the Cath Lab project and the delays to the programme. CFO confirmed that it is predicted that the spend will be fully utilised in year and there was contingency built into the delays. CFO informed IPC colleagues of a recent meeting with Tilbury Douglas and added that there is confidence that they would not be as open to some of the risks, as a large part of the construction work is already complete.

There were no further comments or questions.

5.2.2 Long term capital plan

CFO provided an update on the long term capital plan. Planning for 2022/23 Capital programme is underway and is in line with the agreed 5 Year Capital Programme, being Year 2 of the plan.

Initial indications suggest that a risk based approach will deliver a programme in line with the agreed resource principles, the final detail of which will be provided in January 2022.

It is noted risks remain with the availability of capital resource allocation at a Cheshire & Mersey system level and the Trust is engaged in the development of principles to support their fair and equitable deployment.

There were no further comments or questions.

5.3 Review of Costing and Reference Costs

Carla Richardson, Head of Income and Costing attended IPC to provided an update on the review of the Costing strategy and asks IPC colleagues to note the paper circulated prior to the meeting as item 5.3. There has been some good progress made against the key actions of the strategy, most notably, the submission of the mandatory National Cost Collection and recognition by EY, following the costing audit, of areas of best practice which they wish to share as part of a wider Costing publication.

Further comments and questions were welcomed and a query was raised on the timeframe on the mapping of data and CR confirmed that this was March 2022. A further query was raised on whether this would have an impact on the reporting solutions as two systems are used and CR confirmed that both systems are used side by side and there have been no issues surrounding the compatibility of data.

5.5 NCC Submission

CR provided an overview of the NCC submission and IPC are asked to note the successful submission of the National Cost Collection (NCC) on 12th October 2021. The submission was submitted on time, contained no mandatory errors and the overall cost quantum was reviewed by NHSI and deemed as accurate prior to submission.

The IPC are also asked to note the delay to the national publication of the costing return outputs.

Assurance was sought on the engagement and oversight from the divisions. CR confirmed that reports are in the final stages for circulation to the divisions. It was agreed to bring an update back to the January IPC.

KE/CR

5.6 Q2 Performance Report

5.6.1. Strategy report

IPC colleagues were asked to note the strategy report, circulated prior to the meeting as item 5.6.1

DCOO informed colleagues that at month 6 RTT for English patients was at 77.8% and Welsh patients was 80.5%. There were 63 patients who had waited over 52 weeks and it was noted that these patients undergo a full harm review. Sickness remains a challenge at 5.1% and there was one 28 day cancellation over this period.

DCOO also noted that the faster diagnostic target is now being monitored and there are some issues with capacity. DCOO noted that

there is now a faster diagnosis action plan, which is being reviewed across all divisions to look at CT guided biopsy capacity, EBUS capacity and some of the PET scan challenges.

5.6.2. Target performance report

IPC colleagues were asked to note the target performance report, circulated prior to the meeting as item 5.6.2.

The red areas on the report were noted and a query was raised on the causes for the areas where targets are not and whether this was a Covid impact. A further query was raised on what measures are being taken and how long it would take to get into a position where targets are met. DCOO confirmed that a lot of position are not compliant and this is a regional and national picture. It was requested that further narrative is included on the performance report on the key point areas and further detail on the variations.

JM

5.7 Covid Recovery & Performance against phase 3 recovery trajectories

DCOO gave a presentation on the Covid recovery and performance against phase 3 recovery trajectories and noted that activity for Q1 was successful in terms of managing H1. H2 has been more challenging and key pressure points include bed capacity, urgent non elective demand and staffing the additional capacity.

The 52 week planning trajectory is on target across the board. Key pressure points include LAAO, EP and aortic surgery. All 52 week breaches have completed a harm review and are prioritised where possible.

18 weeks is currently closely aligned to the trajectory. The divisional trajectories have been submitted for 21/22 and further review and modelling has been undertaken. DCOO noted the challenges in October relating the EMIS change over phase, however the data quality is being looked at.

The P2 clinical target is that patients will have their procedure within 1 month. There is a focus on eradicating 52-week waiters. The Trust has remained in a static position.

Further information was requested on the 18 weeks and the EMIS change over phase and a query was raised on whether this was a performance issue or a data quality issue. DCOO confirmed that this issue related to data quality and noted that October is the first month where two datasets have been combined. These datasets come from PAS and EMIS. DCOO added that an inflation in the figures in October was expected and added that the team are working to ensure this is an accurate picture going forward. An update was requested on the data mapping and DCOO that there is now a confirmed position and the challenge is aligning the two trajectories.

5.8 Outpatients transformation update

DCOO presented an update on outpatient transformation.

The H1 guidance included an increase in update of advice and guidance or other measures, implement patient initiated follow-up, develop plans to increase virtual appointments, deliver virtual or remote consultations for at least 25% of all outpatient activity and establish regular data and reporting processes to the volume of PIFU and A&G services.

The H2 guidance includes; systems being asked to continue work collaboratively to optimise referrals, implement patient initiated follow-up in at least five major outpatient specialities, continue to grow remote outpatient attendances and to continue to ensure health inequalities are considered within elective recovery plans and progress is tracked through board level performance reports.

A query was raised on the benchmarking position and how we compare to tertiary providers. DCOO confirmed that the DHO for Clinical Services is approaching the regional outpatient team to look at the Trust's benchmarking position and an update will be provided at the next meeting.

JM

6. Governance

6.1 IPC Work Plan Review

IPC colleagues were asked to note the IPC work plan and there were no further comments or questions.

6.2 Finance and Performance Group Approved minutes & Issues for escalation for the IPC

IPC colleagues were asked to note the Finance & Performance Group minutes and it was noted that receiving the minutes from the Finance and Performance Group is really beneficial.

7. Evaluation of Meeting

All committee members confirmed that the meeting had been conducted effectively and useful documentation had been received and useful discussions had taken place.

8. Date and Time of Next Meeting:

Monday 24th January 2021, 09.30am – 11.30am, Microsoft Teams