

Item 6.1.3

Integrated Performance Committee

minutes

Minutes of the Integrated Performance Committee Meeting Monday 27th January 2020

Present: Karen O'Hagan
Bob Burgoyne
Mark Jones

Non-Executive Director (Chair)
Non-Executive Director
Non-Executive Director

In Attendance: Hayley Kendall
Jonathan Matthews
Frankie Morris
John Morris
Mina Patel
Jennifer O'Brien

Chief Operating Officer
DHoO-Medicine (Item 5.1 only)
Acting Chief Finance Officer
Associate Medical Director-Medicine (item 5.1 only)
Interim Deputy Chief Finance Officer
Senior Executive Assistant (Minutes)

**Apologies for
Absence:**

1. Apologies for Absence

None to note.

2. Declarations of Interest

None declared.

3. Minutes of meeting held on 28th October 2019

Noted and approved.

4. Action Log

Item 1-The surgery activity recovery plan was presented as agenda item 5.6 below. This item would be marked as complete and removed from the action log.

5. Financial / Performance Reporting

5.1 Medicine RTT Position

Action

An in depth presentation was given on the Medicine RTT backlog reduction trajectory for each service line, broken down from GP / referral from another organisation through to treatment.

Whilst the current performance was 10 weeks wait from referral to outpatient appointment, 12 weeks until diagnostics, then 5 weeks to Cath Lab intervention, the objective was to fall in line with a 6 week wait for each.

The following summary was provided for each sub speciality;

ACHD

10 breaches were currently reported and whilst this was a new backlog comparative to last year, the Division stated that this was being meticulously managed. Integrated Performance Committee (IPC) colleagues did note that this RTT pathway differed from the traditional and this cohort of patients only converted to RTT management when a patient was proven fit for an intervention/surgery and the current backlog of patients was restricted by Cath Lab capacity, anaesthetic capacity and the availability of proctors.

ICC

Colleagues were informed that as ICC became a new service earlier in 2019, it only became RTT monitored in May 2019 due to system capture issues via PAS. It was reported that the Trust did not have the appropriate workforce to meet the demand that the service had experienced. Therefore divisional colleagues were looking into whether a clinical fellow or nurse consultant was required to allow for an extra clinic per month. Additional information to support that proposal had been provided to Executive colleagues and discussions were on-going but in the short term WLI sessions were being utilised to mitigate the number of breach patients.

TAVI

The division reported that the TAVI demand had experienced steady growth year on year and was expected to continue to increase with a clinical move away from cardiac surgery. It was noted that TAVI patients experienced an elongated pathway due to diagnostic requirements and the Cath Lab had not routinely had enough capacity to meet the demand. It was confirmed that discussions were on-going with consultant colleagues to create a permanently increased footprint within the Cath Lab schedule and increase the frequency of MDTs for TAVI patients. This would be progressed as part of annual planning.

Community & Respiratory

IPC members were informed that the wait time for outpatient appointments was well managed, although demand was constantly growing, therefore it had to be determined whether going forward the capacity could be modified to meet demand. There were no risks in relation to an increasing RTT backlog.

Intervention

580 patient referrals were currently reported with a nine week wait; 185 patients were waiting for diagnostic, 50 of which were breaches and 177 patients were waiting for Cath Lab TCIs. The main reason for breaches was due to diagnostic capacity pressures dating back to early 2019. This pressure should now decrease from January 2020 with the additional scanning capacity in place.

EP

Due to a depleted workforce as a result of consultant sickness over the last six months, there was a current wait time averaging 11 weeks on the EP pathway. It was reported that the majority of referrals that came in were converted to Cath Labs; however, the scheduling process for the Cath Labs had also seen an issue with inconsistent waits between varying consultants. Colleagues were informed that there was a locum in place until the end of February 2020 to support the capacity issues within the Cath Lab. It was also hoped that a request to provide an extended day on a Tuesday would be put into fruition. However, it was noted that the current pension issues were making consultants reluctant to work extra sessions. Additional WLI sessions and improved waiting list management should improve the breach position for the specialty.

Pacing

The wait time for the pacing service had been steadily increasing and issues had been identified due to only having two dedicated device and pacing consultants and limited physical capacity, thus resulting in a current wait time of 15 weeks. It was therefore proposed that a third consultant was needed as the pressure on acute pacing had also been a contributing factor in working through the elective demand which was now affecting the divisional backlog where previously this was not an issue. In the short term WLI were being utilised to manage the number of patients breaching 18 weeks but this was not a long term solution.

The Divisional Head of Operations (DHoO) for Medicine highlighted the key areas of focus as;

- The 16 week outpatient wait time for ICC
- 35 TAVI patients awaiting follow up / MDT
- 185 Intervention patients awaiting diagnostics
- 300 EP patients awaiting Cath Lab TCI
- 30 Pacing patients awaiting Cath Lab TCI

With Key actions detailed below;

- Full Capacity & Demand Modelling to be undertaken
- Information/Finance BP meetings set up for creation of forecasting tools/trackers/recovery plan – this was an area of high risk in assisting the divisions with managing the performance and waiting time targets.

- Weekly line by line PTL review with team
- Diagnostic escalation meeting (weekly Monday am)- to look at capacity, forward look & prioritisation
- Letters escalation to now follow a RAG rating with repeats from the previous week to be highlighted to the DHoO
- Consultant engagement/education on PTL reviews to be delivered face to face with clinical team
- Cath Lab Scheduling Meeting to be undertaken to make sure sessions are both utilised and allocated for longest waiters (factoring in clinical prioritisation)
- Focus analysis of the EP & TAVI pathway

The Chief Operating Officer stated that compliance would be met for January 2020 although expressed concern that this was by such a small margin that significant risk was associated with this. In addition based on the current manual forecast the trust was predicting to be complaint against RTT for February and March 2020, although again was high risk due to the lack of headroom with the number of breach patients.

IPC colleagues were also informed that there were currently no forecasting tools available for RTT and therefore divisional colleagues had to complete the forecasting themselves. Whilst it was thought that forecasting data tools for RTT did form part of the Trust's new digital strategy, IPC colleagues required further assurance that this was classed as a priority for IT colleagues.

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IPC members stated that the risks identified did cause concern that compliance would not be met in February and March particularly as the error margin was so slight.

The Associate Medical Director (AMD) for Medicine did confirm that the current national pension issue had made a significant impact on the backlog issue as reducing the EP demand in particular did rely on extra sessions. However, as part of the job planning process for 2020/21, colleagues would create workforce model working based on 10 pa sessions rather than the previously seen 12 pa's due to this growing trend by consultants for a better work/life balance. This would potentially have further negative consequences for the delivery of annual activity targets and timely waiting times.

The AMD for Medicine and DHoO for Medicine left the meeting.

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It was requested that the 2021 divisional trajectories be presented at the April IPC.

5.2 Month 09 Finance Report including CIP

The overall financial position for the period ending 31st December 2019 was a net surplus of £1,879k in line with the Trust's plan. However, this position was supported by a £1,737k non-recurrent benefit from the delayed transfer of high cost devices to the national procurement programme. This represented a significant increase in

the use of non-recurrent reserves to the support the position as compared to £812k at month 8.

Inpatient activity continued to be below plan which was driving an underlying £4.8m underperformance on income in the year to date.

The graph provided on page four of the report highlighted the underlying financial position, reporting £1.2m underlying deficit, as a result of reduced inpatient activity in both surgery and medicine. A £713k underachievement on CIP which was partially mitigated by £168k of non-recurring schemes was also reported.

It was confirmed that the Trust were forecasting to achieve the £2.839m control total, although with the full ICD surplus applied in this financial year.

The Acting Chief Finance Officer (CFO) confirmed that £3.2m CIPs had been identified for 2020/21 and identifying the remaining gap was a priority for the divisions and the Operational Board, with budget holder meetings organised with those who are yet to identify CIPs for 2020/21.

A future risk was noted relating to the legal challenges impacting on pay and remuneration following the “Flowers” court judgement regarding the inclusions of overtime in holiday pay. Finance colleagues would monitor the outcome accordingly.

Finance colleagues agreed that more focus would be given to planning agency spend for 2020/21, noting the change in the mix of agency staff used throughout 2019/20.

The acting CFO confirmed that the key movements regarding the changes discussed throughout the report would be presented at the Board of Directors (BoD) Strategy Day in February 2020, where divisional colleagues would be present.

5.3 Month 09 Performance Report

The paper provided an update on the Trust performance for the period ending 31st December 2019. The exceptions to note were:

- The Trust continued to have significant pressures in delivering against the six week diagnostic target with performance at 71.5%, hindered by ongoing scanner failure, although performance was in line with the NHSI trajectory the Trust was monitored against.
- Delivering the surgical activity plan remained a challenge however activity in December was in line with the revised financial forecast position. In addition, there was a significant under performance in month within the Medicine division, mainly related to inpatient activity being behind plan for the non-elective POD.
- Patients waiting longer than 18 weeks on Incomplete Pathways continued to increase. The divisions continued to work on

capacity to reduce patient delays, however the Trust failed the 92% Target in December with specific challenges from the diagnostic waiting times and longer waiting times in Cardiology.

- Staff sickness remained a significant pressure for the Trust with performance still being far from plan.

Further details on the above exceptions were provided on pages two and three of the report and noted by all IPC members.

The COO confirmed that forecasting for January and Q4 2020 were in line with the trajectories submitted to NHSI, the divisions were to outline the trajectory for the next financial year on sickness and the continual increase at the February 2020 BoD strategy day.

IPC colleagues were informed that in relation to cancelled operations a review of each cancellation was performed and discussed monthly at the consultant business meetings. Performance had improved compared to last year but the surgical division continued to strive to improve the position each month. A clinical RCA was carried out on each cancellation within surgery to understand the areas for improvement in order to avoid future cancellations.

It was reported that surgery performance in month was in line with the revised financial forecast and was expected to achieve the revised plan for the quarter four period. The Medicine division under performed in month against the inpatient plan mainly due to the reduced number of Cath Labs utilised over the Christmas period. There were active discussions to recover and improve the forecast position in Medicine which would be reflected in the February and March 2020 activity positions.

The Trust continued to work with Welsh commissioners to improve waiting times for patients and was focused on ensuring any patients that did breach 26 weeks were seen before 36 weeks. The main area driving the underperformance was late and incomplete referrals from organisations and extended waiting times for diagnostic tests in Wales. At a recent meeting with the Welsh Commissioners LHCH highlighted the delays being experienced with referring Trust's and requested support in improving the position. This work would continue.

The COO confirmed the bed occupancy figures as detailed in report item 5.3a was in line with the level of inpatient activity seen in the Trust. The normal trend was for December to experience lower occupancy and then see a considerable increase in January.

IPC colleagues were informed that the pilot project of patient text messaging had commenced on the 20th January 2020 and would run for a month. The KPI's would be regularly monitored and the partial booking forecast was scheduled for commencement in March 2020.

5.4 Diagnostics Performance Trajectories

The COO informed IPC colleagues that the initial business plan identified that the new CT and MRI scanner would increase capacity

incrementally over a five year period initially opening for just three days per week each. However, the demand and capacity planning had identified that this needed to increase at a faster pace, which was approved by Executive colleagues. As a result a positive impact had been seen on CT. It was noted that an eight month delay was experienced in the two new scanners going live which had significantly delayed the improvement in the Trust's diagnostic waiting time performance.

IPC colleagues were informed about the recent issues with replacing the gradient coil on the MRI scanner, with significant delays experienced on obtaining the required part. The coil had now been replaced and a recovery plan had been put in place which had seen increased usage of the new MRI scanner to seven days per week, increased evening working up till 10pm, and increased use of the scanner shared with LUHFT. In addition, there had been increased performance in CT with the intention to offset underperformance in MRI with the attempt to protect the Trust's overall 6 week diagnostic target and 18 RTT position. As a result, the Trust was likely to be close to achieving the 75.27% compliance rate agreed for January 2020 within the trajectory.

Following concern expressed at the Audit Committee on the 14th January 2020, the COO confirmed that whilst the new 3T scanner would be the priority scanner to use on a certain cohort of patients, it could be used for all patients with no harm caused. This clarification would be outlined for the March 2020 Audit Committee.

Concern was raised about the recruitment plan as it was understood the difficulties experienced in recruiting radiology staff. The COO confirmed that fellows had been recruited recently and an increase in using artificial intelligence (AI) for the reporting element had been seen. The Trust had also undertaken a successful radiographers recruitment day recently.

The Trust had completed demand and capacity planning using an NHSI approved tool to measure when the Trust would return to full compliance against the 6 week DM01 diagnostic target and this was planned for June 2020.

5.5 Cancellation Improvement Plan Q3

The report provided the usual quarterly update on the cancellations improvement plan. The full cancellation action plan was provided as Appendix 1 to the report, below was a summary of the most recent actions:

- Clinical Lead attendance at weekly scheduling meetings to ensure appropriate management of patient listing.
- Weekly cross divisional anaesthetic cover meetings to ensure capacity was where it was required.
- Divisional cancellation escalation proforma and RCA template that was completed for each cancellation.

- Consultant specific cancellation data was shared at consultant meetings and discussed on an individual basis as required.
- Implementation of PAS Theatre Management System was now complete in order to monitor the detail of performance.
- Critical Care opening to 32 beds when required with the additional medical staff capacity implemented in 2019.
- Anaesthetic rotas were now available on health roster to ensure appropriate management of annual leave levels.

The IPC noted the improvements seen in the number of cancellations and noted the divisional strategy on the continued reduction of cancellations, with a focus on clinical cancellations, list overruns and those cancellations deemed avoidable to improve the productivity of the theatre complex and patient experience.

The NCBC data had just been received and the Trust were performing well, an update on this data would be presented at the April IPC.

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5.6 Surgery Activity Recovery Plan

At Month 9 the income for the Surgical division was £ 3.88m behind the original plan, with expenditure being £2m underspent. This resulted in the Surgery division's net budgetary performance being £1.84m down on the original plan. IPC colleagues were informed that the reduction in income resulted from major cardiac inpatient activity being lower than expected. It was noted that thoracic surgery was performing in line with the plan.

A revised activity plan was developed in conjunction with the surgery turnaround plan, however due to challenges arising in November and December 2019 a further revised forecast was developed from Month 8, details of which were provided within two tables on page two of the report. The revised forecast had formed part of the Trust's financial year end forecast.

Page two of the report outlined the main reasons for the variants seen throughout the year, with IPC members noting that there was improvements to be made on basic elements of operational management.

More granular detail was provided on page three of the paper relating to the number of cases lost. This was tracked on a weekly basis by the divisions.

A detailed financial income breakdown was provided within Appendix 1 with an updated recover and turnaround plan provided at Appendix 2 with a summary of both provided on page four of the report.

IPC members were informed that the vacancy control processes was still in place, with all vacancy approval required from the relevant Divisional Head of Nursing (DHoN) or DHoO.

A brief overview of the planning element for 2020/21 was also provided which showed 183 cases more than the forecast outturn. Divisional colleagues would take the BoD through that data at the February 2020 strategy day.

The COO informed the IPC that four consultant surgeons had been lost in December 2019, one of which was known and planned for, three of which were not. However, two locum consultants had been recruited and expected to start before the end of January 2020, which would mean the division was in a net position from February 2020 onwards.

5.7 Operational and Financial Plan 2020 – 2021

The formal launch of the Operational Plan for 2020/21 by NHS Improvement would be on the 29th January 2020. However, dates for submission had been suggested as follows;

Draft submission:	21 st February 2020
Contractual Agreement:	27 th March 2020
Final submission:	8 th April 2020

The Trust was working to these dates and would provide draft figures to the strategic meeting of the BoD in February 2020 and the final figures to the BoD in March 2020.

The divisions had begun to collate CIP plans based on an indicative target of £3.8m for which a requirement to deliver a surplus of £1m would be expected. This would then provide a source of cash for the Trust's capital expenditure plans.

Financial recovery funds (FRF) could be additional monies available to Trust's in surplus, however would be dependent on system wide financial performance.

Details surrounding the new financial reporting standard IFRS16, would be shown clearly in the final submission paper.

IPC colleagues were informed that the capital programme was only the initial plan, and following an extraordinary meeting on the 16th January 2020, Capital Management Group members recognised the need to reduce the plan by £1.5m. It was noted that the Cath Lab figure may change as that was based on a figure from July 2019.

The IPC noted the full contents of the report.

5.8 RTT Performance Trajectory

The COO provided a presentation to IPC colleagues on the RTT performance trajectory. It was reported that the Trust had seen a steady increase in breaches since March 2019, and whilst this was the most the Trust had ever experienced, compliance by quarter 1 2020/21 was predicted.

As stated in the discussions above under agenda item 5.1, the greatest concern was regarding the small margin of error that could cause a breach, the focus for April onwards would be to try to create more scope for any unplanned events. This would be highlighted at the BoD on Tuesday 28th January 2020. The COO was asked to capture a forward view of how this would be delivered.

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6. Governance

6.1 Draft 2020/21 IPC Work Plan Review

The draft 2020/21 IPC work plan was reviewed by all committee members and the following changes agreed:

- Item 15 would become 'Outcome of NCBC Benchmarking Data'
- Capital report would be added as its own item, with the plan submitted at the Committee in April of every year and a six month review presented to the IPC in October of every year.
- A new standing item 'Statutory Performance Trajectories' would be presented at every IPC from April 2020 onwards.
- Item 14 Business Transformation Steering Group would be superseded by the Finance & Improvement Steering Group
- CIP Progress Update would be removed as its own line as this was now included within the Financial Report seen at every IPC.

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The business cycle would be updated per the above changes and noted as approved.

6.2 IPC Annual Report-prior to submission to Audit Committee

The IPC Chair and Acting CFO confirmed that a draft report was currently being drawn up and would be circulated to members in advance of the Audit Committee in March 2020.

6.3 Review IPC Terms of Reference

All committee members reviewed the terms of reference and confirmed that no changes were required. It was noted that the terms of reference were also reviewed as part of the annual review into the Corporate Governance Manual.

6.4 Finance & Improvement Steering Group Draft Terms of Reference

IPC colleagues were informed that the Business Transformation Steering Group (BTSG) had now been disbanded and the Finance & Improvement Steering Group now formed. The group's terms of reference were reviewed by all IPC members and approval was given.

7. Evaluation of Meeting

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

8. Date and Time of Next Meeting: Monday 27th April 2020, 09:30-11:30am, Critical Care Seminar Room 2