

Item 6.1.1\*

## Integrated Performance Committee

## minutes

### Minutes of the Integrated Performance Committee Meeting held on Monday 29<sup>th</sup> April 2019

<b>Present:</b>	Marion Savill Bob Burgoyne Mark Jones	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Fiona Altintas Katie Fitzsimmons Hayley Kendall Jennifer O'Brien Karen O'Hagan Lynda Robinson  Claire Wilson	Divisional Head of Nursing-Surgery (item 5.2 only) Interim DHO-Surgery (Item 5.2 only) Chief Operating Officer Secretary Non-Executive Director Head of Quality Improvement Support Team (Item 5.4 only) Chief Finance Officer
<b>Apologies for Absence:</b>		

1. Apologies for Absence	Action
None to note.	
2. Declarations of Interest Relating to Agenda Items	
None declared.	
3. Minutes of meeting held on 29 <sup>th</sup> January 2019	
Noted and approved.	
4. Action Log	
<b>Item 1-</b> This item was discussed below under agenda item 5.5. This item would be marked as complete and removed from the action log.	
<b>Item 2-</b> This item was discussed below under agenda item 5.2. This item would be marked as complete and removed from the action log.	

**Item 3-**The final 2019/20 Capital Programme was discussed below under agenda item 5.6. This item would be marked as complete and removed from the action log.

It was confirmed that the regular finance paper seen at this committee would include an expanded section on the 2019/20 capital programme. This item would be marked as complete and removed from the action log.

**Item 4-**This item was discussed below under agenda item 5.7. This item would be marked as complete and removed from the action log.

## **5. Financial / Performance Reporting**

### **5.1 Month 12 Performance Report**

The report was taken as read by all IPC members, with the Chief Operating Officer (COO) highlighting the following;

- In relation to diagnostics the Trust were currently below target for March 2019 at 82.16%, although overall the 6 week diagnostic performance remained above the 80% trajectory for March 2019. It was noted that although the Trust were currently behind target, recent performance was positive.
- Appointments cancelled by the provider had been a key area of focus over the last month. On validating the data it was evident that the use of PAS varied across the administrative teams and many appointments being recorded as cancelled were not actual cancellations. The COO would be leading a piece of work to refocus attention on data accuracy and capturing, with a targeted effort to reduce the number of appointments cancelled by LHCH. Updates would be provided to IPC each quarter.
- Page eight of the report detailed the forward plan trajectories submitted to NHSI and going forwards the IPC would have sight on these; Cancer, RTT and Diagnostics. IPC colleagues were informed that there were several challenges with the lung pathway as aspects relied on services with the Royal Liverpool Broadgreen University Hospital Trust (RLBUHT). Late referrals, histopathology and PET scanning were the main areas of risks and focus for the COO.
- Long term staff sickness across the Trust was now a focus for the Executive team, the hotspot areas would be reviewed in detail as the absence issues were beginning to impact on performance at LHCH. For assurance purposes this would be followed up by the People Committee.
- Good progress had been made with DNA rates for cystic fibrosis, reminder letters were now sent to all patients and the team were striving to launch text message reminders.

The question was raised as to whether alternative options were available to the Trust in relation to histopathology. The COO confirmed that support had now been received from Executive colleagues to formally explore other options available and the Trust had already served notice on the current contract. A paper detailing the alternative options available to the Trust would be presented to the Operational Board on 31<sup>st</sup> May 2019. The COO would report back to IPC colleagues at the July 2019 committee meeting.

HK

The COO gave IPC members assurance that there was focus on theatre utilisation, the division had completed a review of all the day cases, noting the reasons if the theatre was not fully utilised to determine if there were any reoccurring themes.

The COO concluded that the Trust had achieved all mandatory performance targets for 2018/19 with the exception of diagnostics. Both LHCH and the regulators were sighted on and accepted the trajectory submitted.

## **5.2 Review into Surgery Cancellations**

The IPC noted the excellent improvement at Q4 2018/19 and acknowledged the improvements that the surgery division continued to make, noting that the team now had the cancellation improvement plan in order to improve the numbers further going into 2019/20.

The Interim DHoO for Surgery stated that whilst the Trust benchmarked exceptionally well against other cardiac units the surgical division were striving to be outstanding in this area in order to increase patient experience further. However, the target should be kept under review.

The IPC Chair confirmed that due to the current strong position of the Trust, there was no longer a requirement for a separate paper on surgery cancellations as it was referred to in the performance paper, and the cancellation improvement plan would be seen at all IPC meetings going forward (the work plan would be updated to reflect this).

JO'B

The Interim DHoO for Surgery and the Head of Nursing for Surgery left the meeting.

## **5.3 Month 12 Finance Report**

The overall financial position for month 12 was £17m against a planned surplus of £9.5m, showing a favourable variance of £6m. It was noted that this included £10.6m of non-recurrent Provider Sustainability Funding (PSF), of which £5m was only notified to the Trust in April 2019.

The late improvement in the financial position was attributed to the below transactions;

- £388k from Liverpool CCG to pay for the capital investment

- required for the Cardiology Imaging Platform.
- The financial impact of the alternative site valuation which amounted to £850k.
- A year-end deal agreed with Specialist Commissioners which was based upon an earlier forecast but yielded a £500k favourable position compared to final out-turn position.
- An additional £867k from NHS Improvement as non-recurrent compensation for the gap in Welsh funding.
- The above transactions enabled the Trust to secure a further £2.5m under the 1:1 PSF policy.
- A further £2.5m PSF was distributed under the national bonus scheme for the successful delivery of our financial plan.

The key issues for 2019/20 were detailed within page two of the report with the CFO confirming that discussions would be held with Executive colleagues about the £17m surplus the Trust currently held to ensure that the detail behind that sum was made clear.

It was noted that private patients was reporting slightly under plan. The new unit was scheduled to open in June 2019, however there was a potential delay in nursing recruitment which could push the opening back to September 2019. Private patient debt had not increased and the provision was now adequate with any issues discussed in depth at the Audit Committee.

The underspend on the sponsored nurse training of £158k YTD was noted although the IPC acknowledged that this was an issue for the People Committee to address.

IPC members noted the excellent performance recorded in 2018/19.

The cash forecast for 2019/20 would be included within the finance paper for the July IPC meeting together with an update on when to expect the LTFM.

CW

#### **5.4 CIP Update**

The CIP performance at 31<sup>st</sup> March 2019 was £3.672m (97%) of the CIP plan for 2018/19, £3.368m (89%) of the target achieved recurrently with £304k (8%) non-recurrent savings to bridge the gap. Overall, there had been improved performance, however timescales for some of the recurrent schemes had slipped, reducing the CIP performance at year end. The full year effect of the recurring CIP was £3.556m (94%) of the £3.8m CIP target, giving a strong position moving into 2019/20.

The CIP identification for 2019/20 was now at 88% with the divisions continuing to work on identifying the full value of the target.

The divisional benchmarking process was now supported by a plan which was being reviewed monthly at the Divisional Performance Committee. There were also a range of workforce review plans at an early stage which aimed to drive efficiencies and parity across the organisation.

The three year CIP planning milestones were agreed in November 2018 with the aim that CIP identification was part of a rolling multi-year plan. The recent strengthening of the Operational Team leadership structure had already led to a renewed focus on productivity and acceleration of scheme development. Each clinical division had now developed benchmarking strategies which would support the identification of future years CIP.

The Quality Impact Assessment (QIA) Process was provided within page four of the report, with a table provided on page five showing the status of the QIA's as at 9<sup>th</sup> April 2019. A large number of QIA's had been developed by the divisional CIP scheme leads, although many of the QIA's were still going through the review process. The Head of Quality Improvement Support Team anticipated a much improved situation at the next Business Transformation Steering Group in May 2019.

The Head of Quality Improvement Support Team assured IPC colleagues that the team did have a tracker for every stage of the process which was distributed to the divisions. The team also track why a scheme may be rejected and these were reviewed at the Quality Committee.

Concern was raised in relation to the clinical services division not achieving last year's CIP's and the impact this has had on CIP's for 2019/20; further work was needed to address the target. An update would be provided at the next meeting.

LR

It was stated that the Trust would aim to focus on more transformational schemes rather than transactional, which were much harder to deliver however, had a greater impact on patient care.

The Head of Quality Improvement Support Team left the meeting.

### **5.5 Benchmarking & Productivity-Use of Resources Assessment**

The paper provided the regular quarterly update seen by the Committee, giving details on further progress made in relation to benchmarking, including:

- 1) Carter Report recommendations update
- 2) Model Hospital performance update
- 3) Benchmarking Strategy
- 4) Use of Resources
- 5) National Cardiac Benchmarking Collaborative (NCBC)

It was recognised that further work was required to more formally address the corporate KPIs as identified in Appendix 3 of the report. A Corporate Benchmarking Action Plan would be developed in line with the divisional action plans set out in Appendix 2 of the paper.

CW

The Trust continued to actively review the performance metrics in the Model Hospital in all areas within the portal. This was previously co-ordinated by the Head of Financial Strategy but following the

approval of the Trust's Benchmarking Strategy in December 2018, and completion of the first iteration of the Divisional Benchmarking Action Plans in March 2019, the triumvirates were now taking forward the benchmarking strategy on a fully devolved basis in conjunction with their business partners.

## **5.6 Final 2019/20 Capital Programme**

The CFO confirmed that the Trust had submitted a financial plan with a capital budget of £13m for 2019/20, with the detail of the capital programme methodology provided on page one of the report. Full details of the proposed capital programme for 2019/20 was provided within page three of the paper.

The CFO was advised by the Chair of IPC to consider the best forum for the presentation of the assurance report relating to the changes in the capital programme processes together with the incoming Chair of IPC, the Chair of Audit Committee and possibly the Chairman of LHCH.

CW

## **5.7 Reference Cost Submission**

The committee was asked to approve the following:

- That the plan as set out in Appendix A was sufficient to meet the requirements to produce the required costing submission by the deadline date.
- That the costing and information team involved the submission were sufficiently resourced to produce and validate the submissions with the planned timeline.

The Committee were assured that the plans and resources in place were sufficient to complete the mandated costing submissions for 2018/19.

## **6. Governance**

### **6.1 Business Transformation Steering Group Approved Minutes 20/12/18, 24/01/19, 28/02/19 and Update**

The minutes of the three meetings were noted. There was nothing significant to highlight.

### **6.2 Forward Look Work Programme Review**

The addition of the cancellations improvement plan, as agreed above under agenda item 5.2, would be made to the 2019/20 work plan.

Committee members were satisfied that work was being carried out per the work programme schedule.

## **7. Evaluation of Meeting**

All committee members confirmed that the meeting had been

conducted effectively and useful discussions had taken place.

The Committee noted that this was Marion Savill's last meeting in her role as Chair of the Integrated Performance Committee. Karen O'Hagan was present and would become Committee Chair from 29<sup>th</sup> July 2019 meeting.

**8. Date and Time of Next Meeting:**

Monday 29<sup>th</sup> July 2019, 9.30-11.30am, Boardroom