

Item 7.2.2

## Integrated Performance Committee

### Item 3

## Minutes

**Date of Meeting:** Monday 27<sup>th</sup> April 2015  
**Time:** 8.30am– 11.00am  
**Venue:** Boardroom, Management Zone Portakabin

**Present:** Marion Savill/Non-Executive Director (In the Chair)  
 Mark Jones/Non-Executive Director

**In attendance:** Tony Wilding/Chief Operating Officer  
 David Jago/Chief Finance Officer  
 Debbie Herring/Director of Strategy & Organisational Development  
 Sam Pamma/Interim PMO Manager  
 Jennifer O'Brien/Secretary

**Apologies for absence:** Neil Large/Chairman  
 Lucy Lavan/Associate Director for Corporate Affairs

#### 1. Apologies for absence

As above.

#### 2. Declarations of Interest Relating to Agenda Items:

There were none to declare.

#### 3. Minutes of the last meeting held on 26<sup>th</sup> March 2015

Noted and approved.

#### 4. 2014/15 Financial/Performance Reporting

##### 4.1 Month 12 Finance Report (agenda item 5.1 refers)

Marion Savill noted the report as read by all Committee members and asked David Jago to highlight any significant points.

David Jago stated the key issues to note as;

- Overall Continuity of Service Risk Rating (CoSRR) of level 4 against a plan of 4
- A normalised net surplus of £88k against a planned surplus of £475k
- Cash balances were £3.6m above the planned balances of £8.7m
- Capital expenditure at £5.1m set against revised profiled plan of £5.4m.
- Shortfall on CIP achieving £4.9m against a planned £5.8m

Committee members noted the content of the report as a very good outcome in a challenging year and would provide assurance to the Board of Directors on the delivery of the financial position for 2014/15.

#### **4.2 Month 12 Performance Report (agenda item 5.2 refers)**

Marion Savill noted the report as read by all Committee members and asked Tony Wilding to highlight any significant points.

Tony Wilding highlighted that there had been a strong delivery on cancer performance with a governance rating of green for 2014/15. Adverse performance in respect of cancelled operations and delivery of Referral to Treatment (RTT) times were covered in separate papers. Committee members acknowledged the many areas of strong performance, and that the areas of challenge would be the subject of detailed review later in the meeting.

Tony Wilding informed members that NHS Wales and performance against the 26 week RTT was in breach. Tony Wilding stated that he was satisfied that the breach of target in this area didn't mean a significant risk in respect of financial penalties as it reflected the position agreed with commissioners. The committee noted previous assurance work done to confirm that safety and outcomes for Welsh patients were not compromised by the longer average waiting times.

#### **4.3 Cancelled Operations Report (agenda item 5.3 refers)**

Marion Savill noted the report as read by all Committee members including key reasons for cancellations and asked Tony Wilding to highlight any other issues to be brought to the Committees attention.

Tony Wilding informed members that YTD there was slight improvement in performance with it currently standing that 125 operations were cancelled for non-medical reasons, showing a percentage of 1.39% compared to 1.44% last year.

Discussions took place with Committee members expressing concern at the rate of cancelled operations and that although the Trusts rate of cancellations was no greater than nationally, it was above the Trusts own target.

Tony Wilding informed the Committee that LSS would facilitate better scheduling and management, and create an audit trail to show that protocols which are intended to lead to reduced numbers of cancellations are being correctly followed. Tony Wilding agreed to bring a report on the impact of LSS to the July Integrated Performance Committee (IPC) along with a Quarter 1 key performance indicator report on cancelled operations.

TW

#### **4.4 Delivering RTT on a Sustainable Basis (agenda item 5.4 refers)**

The Committee deliberated the key issues with constructive challenge and



debate on the key issues noting the complexity and number of variables impacting on RTT performance. The Patient Tracking List (PTL) was discussed in detail helping give some assurance with backlog numbers still presenting a challenge to delivery of compliant RTT pathways with reductions in numbers needing to take place before the Committee could be fully assured that the action plan would return the Trust to a compliant position in July. Outsourcing of activity was noted and agreed as a temporary solution with future activity reporting to be split by provider. Performance against action plan trajectories to be presented in graphical format to the next Committee meeting.

TW

This would be presented as a key risk to the Board.

#### **4.5 Month 12 Workforce Report (agenda item 5.5 refers)**

Committee members noted the report and key workforce KPI's and specific issues in respect of absence and turnover. Committee requested an action plan to be brought to next meeting re the top 5 specific wards/departments which are areas of concern.

DH

#### **4.5a Employee Relations Annual Report (agenda item 5.5a refers)**

Marion Savill noted the report as read by all Committee members and asked Debbie Herring to highlight any significant areas.

Debbie Herring informed all members that there was nothing of concern in this report, and there had been no tribunals held in 2014/15.

Committee members noted the content of the report.

#### **4.6 Bank & Agency Usage Annual Review 2014/15 (agenda item 5.6 refers)**

Discussions took place with Committee members concluding that the increased use of bank and agency staff reflected turnover rates and absence levels as noted in item 4.5, as well as the growth in demand. Improvements in recruitment following TRAC implementation were anticipated and a report would be brought to the July meeting. The committee noted that these were key issues for the Trust and management of this risk was critical to the delivery of the capacity and investment plan.

DH

#### **4.7 PMO Progress Update (agenda item 6.5 refers)**

Marion Savill noted the report as read by all Committee members and asked Sam Pamma to present summary actions to date. Committee noted progress made to date in establishment of PMO and work plan and would be further updated at the July meeting.

#### **4.8 Quarter 4 Monitor Return (agenda item 5.7 refers)**

David Jago noted the report as read by all Committee Members.

David Jago commented that the report reflected the performance of LHCH

in Quarter 4 and the Trust were forecasting a Governance compliance rating of green on the basis that Monitor accepted the planned non-compliance on RTT for Quarter 1 of 2015/16. There was a risk of this being downgraded and this was noted. Committee agreed to sight the Board of Directors on this but were content to recommend approval and submission to Monitor.

## **5. 2015/16 Planning**

### **5.1 Finance Plan 2015/16** (agenda item 6.1a refers)

David Jago noted the report as read by all Committee Members

Committee noted plan now included a CoSRR level 4, which was an increase in the previously reported level 3 due to some marginal improvements in working capital (but that this was still to be finalised), key risk in respect of CIP identified to date and RAG rating and contractual issues with NHS England.

Committee members agreed to recommend approval of the final one year financial plan to the Board of Directors.

### **5.2 Operational Plan 2015/16** (agenda item 6.1b refers)

Debbie Herring noted the report as read by all Committee members.

Discussions ensued regarding the Operational Plan with Committee members approving the plan, noting requirement to flag up prominently risk in respect of RTT with compliance required by July and subject to any final amendments made following discussions at the Board of Directors on 28<sup>th</sup> April 2015.

### **5.3 CIP** (agenda item 6.2 refers)

David Jago provided an update on the key issues regarding the 2015/16 CIP programme noting the key issues as;

- Unidentified standing at £0.9m
- RAG rating and risk of identified £3.5m
- Complex workforce schemes

David Jago informed the members that there was a CIP contingency of £1m to mitigate risk David Jago stated that CIP was a focus for the PMO as currently CIP was significantly behind where it should be.

Committee noted risk and need to close gap quickly given timelines and the need to deliver in year £4.5m.

### **5.4 2015/16 Capacity Planning** (agenda item 6.3 refers)

Committee noted the comprehensive report covering backlog, capacity and investment actions. In response to a question from the committee, Tony Wilding confirmed that all the numbers presented had been fully reflected in

the 2015/16 financial plan. The July meeting would be provided with detailed reporting by exception of actuals to trajectory plans and where required risk mitigation.

TW

#### **5.5 Risk Consideration** (agenda item 6.4 refers)

All Committee members debated whether any additional risks to the organisation for 2015/16 should be explored as part of the planning process. In response to a question from the committee, David Jago confirmed that there was no perceived risk of losing work to other providers in the coming year, although the Knowsley COPD tender being submitted on 5<sup>th</sup> May is a competitive process.

### **6. Governance**

#### **6.1 Publication of Updated Risk Assessment Framework** (agenda item 7.1 refers)

David Jago informed Committee members that this paper was bring to members attention the updates to Monitor's Risk Assessment Framework that took effect from 1<sup>st</sup> April 2015 which included;

- Introducing the new access measures for mental health as governance proxies
- Specific requirements for providers of high security psychiatric services
- Adding an additional trigger for investigating financial risk at Trusts
- General updates to bring it up to date with recent policy changes

The updates were noted by Committee members.

#### **6.2 Forward Look Work Programme Review** (agenda item 7.2 refers)

David Jago and Marion Savill would meet outside of the Committee Meeting and update the IPC workplan to reflect required amendments.

DJ/MS

### **7. Action Log** (agenda item 4 refers)

Item 1-was to be discussed at the July 2015 meeting.

Item 2-As information on capacity planning was to be brought to all future meetings, this would be added to the workplan as an agenda item and could therefore be removed from the action log.

Private patient work is to be factored into bed modelling moving forward and Tony Wilding to bring an update to the July meeting on this.

TW

The IPC work plan for 2015/16 now incorporates regular CIP updates. This action will be marked as complete and removed from the action log.

Item 3-The PMO programme dashboard had been condensed and reported on schemes that had financial implications or primarily focused on CIP's.



This item would be marked as complete and removed from the action log.

As discussed in agenda item 6.2, PMO projects would be incorporated into the Integrated Performance Committee work plan.

Item 4-The miscalculation on pages 7 & 8 of the Month 9 Dashboard had been addressed. This action would be marked as complete and removed from the action log.

A paper on cancelled operations had been provided to the Committee. This item would be marked as complete and removed from the action log.

Item 5-Capital and Clinical plans had been taken to the Board of Directors for approval prior to the submission to Monitor. This item would be marked as complete and removed from the action log.

Item 6-David Jago and Lucy Lavan would discuss the appropriate reporting process for Risk Management as part of the review of the new governance structures to be carried out with the 3 Chairs of the assurance committee meetings. An update would be provided at the July 2015 meeting.

DJ/LL/MS

Item 7- It was decided that IPC members were happy for David Jago to update them on any significant items following Operational Board and they had the opportunity to see Operation Board minutes at Board of Directors so would not need them bringing to IPC. This item would be marked as complete and removed from the action log.

Item 8-A more detailed schedule of activity regarding surgical RTT was discussed in agenda item 4.4 above. This item would be marked as complete and removed from the action log.

Item 9-Tony Wilding reported that the policy for allocation of cancer waiting time breaches was not being changed. This item would be marked as complete and removed from the action log.

Item 10-Updates on the CIP programme would be an on-going agenda item moving forward. This item would be marked as complete and removed from the action log.

Item 11-David Jago provided the final 2015/16 financial plan to the Committee. This item would be marked as complete and removed from the action log.

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

Monday 27<sup>th</sup> July 2015 at 10.00am, Boardroom, Management Zone Portakabin.