

## Integrated Performance Committee

## minutes

### Minutes of the Integrated Performance Committee Meeting Tuesday 7<sup>th</sup> March 2024

<b>Present:</b>	Margaret Carney Bob Burgoyne	Non-Executive Director (Chair) Non-Executive Director
<b>In Attendance:</b>	James Bradley Jonathan Mathews Kiran Chhokar Jennifer Ohlsson	Deputy Chief Finance Officer Chief Operational Officer Divisional Director of Operations, Clinical Services Senior Executive Assistant (Minutes)
<b>Apologies for Absence:</b>	James Thomson	Chief Finance Officer

#### 1. Apologies for Absence

Apologies and attendance noted above.

#### Actions

#### 2. Declarations of Interest

None declared.

#### 3. Minutes of meeting held on 23<sup>rd</sup> October 2023.

Minutes from the meeting of 23<sup>rd</sup> October 2023 were noted and approved as a true record of the meeting.

#### 4. Action Log

**Action 1:** COO to meet with CFO regarding the IPC workplan. Action to remain open for update.

#### 5. IPC SOF report

COO provided an overview of the IPC SOF report and colleagues were asked to note the report circulated prior to the meeting. COO noted that risks over 16 include the inability to delivery elective activity, diagnostics, and surgery staffing.

At the end of end of month 10 the Trust has 4 indicators that have continued to show statistically significant changes in performance with 8 in month that are below target. Although several indicators are below target, performance is against a backdrop of workforce pressures significantly scrub nurse staffing within theatres.

Elective activity in month was below plan but as a Trust have maintained a surplus financial position year to date.

Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures.

In November the Trust has moved to 3 combined standards of FSD (28 Day) target, 31 and the 62-day standard of which the Trust were only non-compliant for the 62 Day standard.

Overall the average weeks wait of patients that are over 18 & 26 weeks has reduced, however as a Trust have not been able to manage the increase in referral tip overs each month. Consistent focus is being placed on long waiters, taking into consideration clinical priority.

DM01 unfortunately has continued to deteriorate in January and is expected to take a number of months to get back to compliance due to issues with provider-to-provider scan times, specifically Stress MRI and Pacemaker patients.

Comments and questions were welcomed and a query was raised on the waiting list and the inclusion of Welsh and Isle of Mann patients and a further query was raised on whether there is a way to know how much of the issues are due to industrial action. COO noted that the clock stops and starts are consistent, this relates to admin capacity and does not feel that industrial action has had a significant impact on waiting list size and relates more to long waiters.

Clarity was sought on whether it was known what proportion of the workforce take industrial action. COO confirmed that this number is getting smaller and it impacts the most is Surgery and Critical Care.

Further detail was requested on the rationale of dropping 18 and 26 weeks to go to 36 weeks. COO confirmed that no one is monitoring this nationally and realistic targets were set so that the divisions can lower their long waiters and 18 weeks and 26 weeks, is not an achievable target to look at compliance. A further query was raised on whether this could potentially cause backlash. COO noted that the focus is on long waiters and C&M are not currently looking at 18 weeks.

An update was requested on the surgical staffing and what is the latest position. COO confirmed that there was full establishment from March, however some still in supernumerary phase. Lost sessions in March were nominal. As of April it is expected that core capacity will be delivered. COO added that the surgery plan has fluctuated over the past few years and the Trust needs to be realistic on what can be achieved.

A follow on question was raised on the lessons learnt, in terms of the Surgical staffing. COO confirmed that there was a review and the trajectory was monitored via divisional board. There was acknowledgement from management and the division want to recruit to hotspot areas.

## **6. Financial Strategy & Annual Plan**

DCFO presented an overview of the financial strategy and annual plan and noted from the national planning context formal guidance has been delayed until the post spring statement from HMG. Guidance is expected on 11<sup>th</sup> March. All systems are working to known NHS England parameters; workforce, performance, finance and productivity focus. Challenged ICBs have already had to submit draft plans to NHSE for review. The expectation is that finances plans will be balanced at ICB level.

Latest draft submission identified a £408m deficit plan for C&M ICB. This is not acceptable to NHSE and would put the system in 'special measures'. C&M are aiming for a relative credible position of £266m. Therefore, a series of actions for ICB and Trusts include check and challenge session to improve draft positions, revised set of returns and ICB leadership meeting with NHSE on 8<sup>th</sup> March 2024

Check and challenge sessions covered; income improvements linked to activity plans, inflation assumptions, local consistency, balance sheet opportunities, WTE and workforce plan analysis. Following the sessions, the actual resubmission was still £408m deficit. ICB are expecting a £100m improvement based on system efficiencies and including planning assumptions. Risks have been escalated to Trust Boards and request for re-submissions.

DFO noted that the Trust plan is £5.2 surplus and noted the key variables; investment reserve of £1m, ICB income received £1m, no contract growth, new over-performance of activity in medicine and reduction of risk reserve.

Comments and questions were welcomed, and a query was raised around productivity and the use of IT and AI and funding not being available until the next parliament, and a general election. So will there really be any emphasis on this in the planning processes. DCFO confirmed that additional funding for digital solutions will not be seen for a long time but there is still a lot of focus and metrics based around productivity.

Confirmation was sought that LHCH headcount has not changed and DCFO confirmed this.

An update was requested on the CEO letters and whether there would be differential treatment depending on forecast. DCFO confirmed that there is no indication on whether this would apply to LHCH, however CFO is keen to pursue this with the ICB.

## **7. Financial Report, including CIP**

DCFO provided an overview of the financial report and noted the month 10 position is £1,106k surplus, a £288k positive variance to plan in-month. The year to date surplus is £9,578k which is a £1,392k favourable variance.

Activity income from NHSE, ICB and Wales is £366k behind plan year to date after the national adjustment to target relating to industrial action; specialised surgical activity being the primary cause of the under-performance. As agreed with the ICB, the Trust has returned some non-recurrent funding to them to support the wider ICB financial position. Private patient income is below planned levels in month, with a £92k under-performance in month. The year to date income is £368k above plan. Income from the Isle of Man was £29k behind plan in January, with a year to date under-performance of £389k. All elements of the Isle of Man contract remain on a cost per case basis. The number of TLHC scans and health checks was £130k above plan in month and £350k higher year to date. Activity has been high this year, and commissioners have secured additional fixed income to offset some of the financial challenges caused by the revised prices.

Pay costs are above plan in January due to Medical staffing but remain below plan the year to date. Agency costs continue to be lower than last year, but there have been increases in recent months, principally in Theatres. Nursing costs continue to underspend against plan.

There is a shortfall on transacted CIP of £1,278k in the year to date – reflected in overhead expenses. Clinical supplies costs are lower than budget for the year to date, in part due to lower activity in surgery. The drugs budget has been overspent this year. Detailed analysis of the SICU drugs spend has revealed the impact of price inflation, and budget has been transferred from reserves to fund this. This has led to an underspend in the month.

Medicine elective activity is 101% of 23/24 activity plan in month, 101% year to date. Case mix is 107% of the year-to-date plan. Surgery elective activity is 85% of 23/24 of activity plan in month, 89% year to date. Case mix is 85% of the year-to-date plan.

The Trust cash balance is £42.4m. C&M ICB took £1.2m clawback in January. £1.3m PDC is due to be received mid-Feb to fund the purchase of the mobile CT scanner.

Capital expenditure in the year to date is £3,567k. This primarily relates to the Cath Lab project and agreed high risk maintenance schemes. VAT recovery has been received this year which has offset some in-year spend. The capital allocation is £10,111k in light of the £4m increase related to Cath Lab 7.

Comments and questions were welcomed and a suggestion was made the Trust may be able to benefit or learnt from the CFO's experience with CIP at Clatterbridge. DCFO agreed that this is something that will be considered and have been touched upon.

The capital position was noted and a query raised on the confidence levels that this will be spent. DFO confirmed that this is managed at

Capital Management Group, where assurance is provided. It was added that this is a risk but there is a robust plan in place to deliver.

## **8. Performance Overview**

### **8.1 Long Waiters**

COO provided an update on long waiting patients and noted that the current trajectory for patients waiting over 65 weeks at the end of March is 25. All patients within this cohort are on the Mini-mitral service line. It is expected that there will be 8 patients over 78 weeks by the end of March. The trajectory is impacted by IA, urgent demand, theatre staffing and POCCU capacity.

Actions in place include an outsourcing contract in place with Spire Manchester for Mini-mitral patients from 21st March 2024, waiting list cap for sub-specialised procedures in place from 1st February 2024 following Specialist Commissioner agreement, PTL reviews in place with all Surgeons, led by operational team to prioritise procedure dates for longest waiting patients, clinical prioritisation of patients to balance urgent and P2 patients with waiting times and WLLs being held to provide capacity for long waiting patients.

Mini-mitral remains the most pressured service line within Surgery. Currently there are 2 Surgeons providing the service and one is going through a period of re-training. There has been a waiting list cap in place since 1<sup>st</sup> February on agreement with Commissioners for a sustainable plan for the service prior to re-opening.

Comments and questions were welcomed, and further detail was sought on the harm on the waiting list and mitigation in place for this. COO confirmed that there is a 52-week harm review process and this process will be reviewed to ensure that this process is robust.

### **8.2 Diagnostics (DMO1)**

Kiran Chhokar, Director of Operations for Clinical Services, attended IPC to provide an overview of the radiology diagnostic waiting list update and asked colleagues to note the paper circulated prior to the meeting.

Following a sizable rise in the reported diagnostic waiting list, several focused actions have taken place to manage further deterioration of the reported position. There has been a significant improvement in February 2024, and this is expected to continue over the coming months until the waiting list becomes DM01 compliant. There is an awareness that this is reliant on extra sessions through good will and the performance needs to be balanced off with ensuring health and wellbeing of staff is maintained.

Comments and questions were welcomed and the clinical risk to long waiters was noted and whether patients in this category have been prioritised. KC confirmed that the Trust has done a balance of urgent patients and longest waiting patients first, which has resulted in a deteriorated position.

A query was raised on what more can be done to minimise the downtime with the CT scanner. KC confirmed the team meet with Siemens

monthly to look at the downtime, causes and repeat occurrences. KC also flagged that the scanners are running 12 hours a day for 7 days a week.

Further clarity was sought on whether there enough resilience in the service and whether there are any further measures that can be taken. KC noted that a robust exercise is being undertaken with regard to demand and capacity, which involves a bottom-up exercise to review the templates for the scanners to ensure that capacity and utilisation is being maximised.

A question was raised on the lessons learnt and it was confirmed that under the new PSIRF model, and incident review was done, which includes lesson learnt. BI rules have also been looked at. Learning has also been shared at divisional levels and has also been taken to Liverpool Cardiology Partnership Board, to share lessons across Cheshire and Merseyside.

A query was raised on whether this is something that should go to Quality Committee, in terms of impact on patients. COO confirmed that this has come through Ops Board and feels the PSIRF review should go through Quality Committee.

### **8.3 Cancer Position**

COO provided an overview of the cancer position and noted the 28-day faster diagnosis target. There were 45 EBUS referrals received each month on average year to date but ranges significantly from 33 – 64. In total, 45 referrals were received in January. 45 EBUS procedures were performed in month. The average wait increased to 11 days. Additional capacity under review and a super scope week will be considered in March if required.

There are 37 CT guided biopsy referrals per month on average year to date with a significant range of 23 to 46 referrals per month. There was a downward trend in days wait between October to December 2023 with a slight increase seen in January following the festive period. There was an average days wait of 11 days in January 2024 and continued mutual aid support to LUHFT.

There is an increase in waiting list size due to a combination of Industrial Action, Bank Holidays and increased referral levels. Additional WLIs are being undertaken, along with further analysis of breaches to identify any learning. The Operational manager closely monitors patient pathways to minimise impact of Industrial Impact

Comments and questions were welcomed and a query raised on whether there is anything that can be done to help and COO confirmed that the joint CEO was helpful in promoting this position

Mutual aid was raised and the impact performance and a query raised on whether the prioritisation is clinically led. COO noted that the joint working with CT biopsy has aided in the surgical end as patients are getting through with better quality reporting.

COO

**9. National Cost Collection – Post Submission report**

DCFO provided an overview of the national cost collection post submission report and

IPC colleagues were asked to note the successful and compliant submission on 12<sup>th</sup> December 2023, and the committee reviewed the process undertaken prior to submission.

There were no further comments or questions.

**10. IPC Workplan review**

IPC colleagues were asked to note the IPC work plan and it was agreed that COO and CFO will meet to discuss and update the workplan. It was agreed that this will be circulated to IPC colleagues at the next meeting.

COO  
/CFO

**11. Annual Report prior to submission to Audit Committee**

IPC colleagues were asked to note the annual report circulated prior to the meeting and there were no further comments or questions.

**12. IPC Terms of Reference**

IPC colleagues were asked to note the terms of reference and note change of personnel within.

**13. Minutes from the Finance & Performance Group meeting**

Colleagues were asked to note the Finance and Performance Group minutes circulated prior to the meeting and there were no further comments or questions.

**14. 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.

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

Monday 22nd April, 09.30am – 11.30am, MS Teams