

Integrated Performance Committee

minutes

Minutes of the Integrated Performance Committee Meeting Monday 22nd April 2024

Present:	Claudette Elliot Margaret Carney Bob Burgoyne	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director
In Attendance:	James Thomson James Bradley Jonathan Mathews	Chief Finance Officer Deputy Chief Finance Officer Chief Operational Officer
Apologies for Absence:	Jennifer Ohlsson-Morgan	Senior Executive Assistant (Minutes)

1. Apologies for Absence

Apologies and attendance noted above.

2. Declarations of Interest

Declarations of interest declared for James Thomson, Chief Finance Officer, in relation to the joint Clatterbridge Cancer Trust post.

Claudette Elliot, NED and meeting Chair declared a NED post at another organisation.

3. Minutes of meeting held on 7th March 2024.

Minutes from the meeting of 7th March 2024 were noted and approved as a true record of the meeting.

4. Action Log

Action 1: IPC workplan on agenda for discussion. Action closed.

Actions

Action 2: Diagnostic waiting list update shared with Quality Committee Chair. It was updated that this did not formally go to Quality Committee but Chair is happy with the update. Action closed and awaiting formal feedback from the Quality Committee.

5. IPC SOF report

IPC colleagues were asked to note the month 12 SOF and COO provided an overview and noted that from an elective activity point of view, the Trust have performed well.

At the end of month 12 the Trust has 5 indicators that have continued to show statistically significant changes in performance with 12 indicators in month that are below target. Although a number of indicators are below target, performance is in line with the known challenges and mitigations in place.

Elective activity in month was above plan and as a Trust we have maintained our 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 February all Cancer standards were non-compliant to the national targets. Overall, the average weeks wait of patients that are over 18 & 26 weeks has reduced, however as a Trust we 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. National discussions are ongoing on the change to these standards based on post COVID analysis.

DM01 has continued to show improvements in March with full recovery expected to run in to Q1/Q2 of the next financial year.

Comments and questions were welcomed, and further information was requested on the 52 week waiters and what is being done to address this. COO confirmed that this was mainly due to Cardiac Surgery wait and Medicine do not have any 52 week waiters. Elective capacity delivered 90% but urgent activity was 113%. COO noted that it is important to deliver the plan going forward into the new financial year. Outsourcing is also being considered to enhance capacity. COO added that this is micromanaged, and harm reviews are in place.

Concern was noted around performance, how it looks in terms of the number of fails in the month and the areas showing as areas for concern. Further clarity was sought around a narrative. COO noted that the 14 indicators had been looked at to ensure that the right things are being monitored and whether realistic challenge in place. Further discussion took place around the indicators and narrative and COO noted that KPIs need to be ambitious yet realistic.

A further question was raised on the process and timescales for reviewing those targets. COO confirmed that initial discussions have taken place with BI about having the SOF up and ready for month one Board of Directors.

Further discussion took place and it was noted that Quality Committee receive a report from QSEC, which looks at any issues that may impact quality and safety.

Chair noted the very comprehensive update above and the narrative associated with performance. Chair agreed that it would be helpful to know what has been discussed at Quality Committee in terms of impacts on Quality and Safety.

COO provided an update on the letters incident to IPC colleagues and noted that December to March correspondence has now been sent out and an Audit has started. Progress will be electronically captured and the team are agreeing how the harm processes works and the target is four weeks.

6. Financial Report M12 including CIP

CFO provided an overview of the financial report for month 12 and noted that the financial performance at the end of the financial year is a surplus of £11,352k. This represents a £1,528 positive variance to the original plan, and is consistent with the forecast agreed later in the year with the Integrated Care Board (ICB).

Trust income from NHS commissioners follows an Aligned Payment and Incentive (API) contract model, with fixed and variable elements. The variable factors include new outpatient attendances, day case and elective care. NHS England announced a number of adjustments to the contract to take account of the industrial action. This reduced the elective activity target by 4% and moved it to the fixed element of the contract. This has been reflected in the plan. In determining the Trust's year-end income figure, NHS England and the ICB used a forecast based on month 9 year-to-date activity. This has been transacted, and in accordance with national guidelines, any material variation to this estimate will be transacted in the new financial year.

Performance against the surgical elective activity target was challenging throughout the year because of staffing gaps and emergency pressures. A recovery plan was put in place, and performance has shown improvement in both February and March.

Funding of £458k was received in February relating to the costs associated with the industrial action.

The Isle of Man and Private Patients income remains on a cost per case arrangement for 2023/24. In month, income from Isle of Man activity (excluding drugs & devices) was £29k behind plan, with an annual performance of £462k behind plan.

Private patients' income was £50k below plan in March, with the year-to-date over-performance at £324k above plan.

There was continued over-performance against the income plan for Targeted Lung Health Checks. Activity has risen in recent months, and

the annual income was £436k higher than originally planned. This resulted from higher levels of activity.

Pay spend was above plan in March but broadly in line for the full year. All staffing groups are underspent, with the exception of medical staff which was affected by industrial action in addition to payments for additional shifts.

The largest non-pay pressure year to date relates to the undelivered Cost Improvement Programme (CIP). The Trust has delivered 81% recurrently of the total CIP target.

High cash balances and increased interest rates are yielding interest payments which are partially offsetting the expenditure overspends.

Capital expenditure for the year was £10,262 against the annual capital allocation of £10,111k. The spend primarily relates to the Cath Lab project, high risk maintenance schemes and medical equipment. Outside of the capital allocation, additional capital spend of £1,260k has been incurred related to the PDC funded mobile CT scanner (for the expansion of the Targeted Lung Health check programme).

Comments and questions were welcomed and DCFO provided an update on CIP and how CIP performance can be enhanced. DFO noted that CIP performance has improved each year. It was added that detailed meetings are taking place with the divisions to look at CIP plans for the coming year.

DCFO also provided an update on the risks around surgery performance and noted that there is a big under delivery in activity, however there was marked improvement in February and March and the division are starting to hit activity plans. This however is coming at cost and that cost is in pay and in theatres agency spend.

A query was raised on whether the Trust could learn anything from Clatterbridge around CIP. CFO agreed that there is opportunity there and added that there is good engagement from the divisions and the management team at LHCH. Further discussion took place around CIP and delivery and DCFO informed colleagues that the new Director of Transformation can support cross divisional working and drive changes.

7. Financial Plan 24/25

CFO presented an update on the 24/25 financial plan. Formal guidance was issued on 27th March and was consistent with Trust planning assumptions. NHS aggregate quoted financial deficit of first draft submission £3.8b. Expectation is that finance plans will improve significantly across the system. Key focus will be on headcount growth and productivity, aligned to the budget statements.

CFO provided further detail to colleagues on the ICB submission and noted that the next ICB submission date is 2nd May 2024. Further detail was provided on the ICB planning approach.

CFO informed colleagues that at the CFO-to-CFO meeting possible improvements to the plan were discussed. The ICB indicated a draft improvement for the Trust at c£7m. The Trust put forward certain upsides that could be included in the plan, in line with Trust Board discussions. These values were subject to internal governance confirmation. Due to the improvement, the ICB committed verbally to increasing the capital limit by £2m.

It was noted that the next steps include; IPC confirming the current position is acceptable for submission and then the Trust Board will submit approval confirmation by 30th April . The Trust has recognised finance risk in plan and requirement for enhanced controls in response to ICB challenge.

Chair noted that having been in the GMs system, going into recovery mode is challenging and would hope that LHCH would challenge quality and safety.

8. Annual Plan 24/25 Key Performance Indicators

COO provided an overview of the annual planning key performance indicators.

COO provided an overview of the Trust activity plan. The Medicine plan builds in 23/24 over-performance. The over-performance is primarily driven by more complex case-mix. The Surgery division plan based on achieving 23/24 planned levels. Significant under-performance expected to be recovered, with improved performance seen in recent months.

Regarding RTT trajectories the hope is to eliminate 65-week waiters by September 2024 and eliminate 52-week waiters by the end of March 2025. There is ongoing monitoring of total waiting list size.

In terms of diagnostics' 95% of patients will receive a diagnostic test within 6 weeks by March 2025. It was noted that the recovery plan has previously been shared with IPC. This has weekly monitoring through assurance meetings.

It was noted that the Cancer plan was shared with IPC in February. There is an external expectation of 62-Day Combined standard of 70% by March 2025 and an external expectation of 28-Day Faster Diagnosis standard of 77% by March 2025. Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

There is an outpatient coding review underway to improve consistency between various submitted data sets (SUS and SLAM). The main area of focus is the coding of outpatient procedures not currently recorded as such in SUS. The financial impact is unknown,

A query was raised on the feasibility of achieving the RTT trajectories, as these are based on there being no industrial action. COO noted that IA theoretically is in no-one's plan and IA only significantly impacts Surgery. It was added that IA impact would be supported by national pay deal. COO added that the only element uncertain is the Junior Doctors.

9. IPC Workplan review

Colleagues were asked to note the IPC workplan and this was approved by the committee.

10. Outcomes of benchmarking data

COO provided a brief update on the outcomes of benchmarking data and model hospital data and added that it will be important to align benchmarking data, reference cost data and activity data to support the CIP programme and from a productivity point of view.

JT

CFO updated colleagues that a newly appointed Transformation Lead is due to start in post and an update will be brought to the next meeting on what this structure will look like

11. 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:

17th June 2024, 9.30am – 11.30am