

Integrated Performance Committee

minutes

Minutes of the Integrated Performance Committee Meeting Monday 17th June 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 Jennifer Ohlsson	Chief Finance Officer Deputy Chief Finance Officer Chief Operational Officer Senior Executive Assistant (Minutes)
Apologies for Absence:		

1. Apologies for Absence

Apologies and attendance noted above.

Actions

2. Declarations of Interest

All meeting participants were asked to declare any interests in respect of items listed on the agenda. All participants confirmed that they had no interests to declare beyond those that may already be known and on Trust registers.

3. Minutes of meeting held on 22nd April 2024.

Minutes from the meeting of 22nd April 2024 were noted and approved as a true record of the meeting.

4. Action Log

Action 1: Benchmarking to be discussed as part of the agenda.

5. Performance SOF

Model Hospital & Benchmarking

CFO presented an update on productivity and benchmarking. It was noted this presentation was given recently at Operational Board and is around Getting it Right First Time and Anaesthesia and Perioperative medicine (APOM). In terms of APOM there were 72 site visits pre-Covid and a review of 119 out of 134 providers. The report published in September 2021 states that there are significant opportunities to improve quality, access and finance. Key themes were day of surgery admission (DOSA), pre-habilitation, pre-op process, shared decision making, enhanced recovery and enhanced care.

There has been improved compliance over the baseline and more formal arrangements agreed and initiation to support progress in pre-habilitation, enhanced recovery, enhanced care and DOSA. The priority is DOSA.

The key factors for making DOSA a priority include anticipated benefits to experience, outcomes and finance that will result from increased DOSA. Also benchmarking shows that LHCH is an outlier, both in Cardiac and Thoracic. Improvement in DOSA is expected to support improvements in compliance with other GIRFT peri-operative recommendations.

CFO presented an overview of the DOSA benchmarking. Data has been validated with Dr Foster against the model hospital data. There was an update in May 2024. For Cardiac Surgery LHCH was 11% compared to Papworth which was 31%. For Thoracic Surgery LHCH has the 5th lowest DOSA rate and the 2nd highest volume of EL thoracic surgery.

Comments and questions were welcomed, and CFO noted that there is multiple projects and consideration is needed on how these are harnessed and reported back. Further discussion took place and the importance of considering the capacity and skills to undertake these projects was noted.

It was noted that it was good to see an example and clarity was sought on what makes LHCH an outlier. Clarity was also sought on the NED role in monitoring the achievement and delivery of these projects. It was also noted that it was good to see key focus on patient experience. A further query was raised on where this will be monitored and where does the reporting go.

COO confirmed that the ICB are focused on 15 productivity metrics at present. LHCH have identified where these may be within performance and the narrative needs to be understood. DOSA sits within theatre and day case optimisation. Assurance will be provided to IPC that the Trust has a number of schemes, that will be monitored through the metrics.

Chair agreed that the narrative needs to factor in the current post covid environment.

CFO noted the recent feedback from CONFED and added that NHS England are putting it front and centre as a concept to improve. The metrics that that ICB are using for Model Hospital are high level

headlines that allow some comparability between organisations, however, are not specific to LHCH.

CFO confirmed that the Trust will keep track of individual projects as they develop over time and there will be deep dives on the projects against the 15 metrics to provide assurance.

Interest was expressed in understanding how this all fits together, so that updates are not duplicated but are relevant to each assurance committee. COO agreed and informed colleagues that Ben Davies, Associate Director of Transformation is now in post.

CFO noted what success looks like with the productivity work and the benefit could be a patient experience gain and understanding this and it would be important to include the narrative at appropriate assurance committees.

Further clarity was sought on the timeframe. CFO confirmed that an update will be provided at the next Board of Directors on the next stage of reporting and assurance.

Transformation Work Streams

Covered above.

6. Performance Areas of Concern

COO provided an update to IPC colleagues on the performance areas of concern. Surgery has hit the month one and month two elective plan, however noted that this is mainly non-elective and the Trust does not receive anymore pay for non-elective activity.

In terms of waiting list size non-cardiac specialties have seen a significant improvement in thoracic waiting list size following an increase in core capacity and WLIs. Cardiac Surgery waiting list size has seen increasing steadily since April 2023 associated with theatre staffing pressures. There has been a reduction in the past two month from 786 to 732 following an increase in core theatre capacity available.

There has been an increase in long waiters across 52 and 65 weeks with 78+ weeks remaining stable. Plans are in place for the 78+ cohort using the Private sector, LHCH capacity and mutual aid. The focus is on returning to trajectory position in June. Urgent demand remains a pressure.

In terms of DM01, Ultrasound has continued DM01 compliance, CT has continued DM01 compliance and MR has seen an 5.1% improvement in performance. There is a twice weekly PTL and activity review to monitor this.

Comments and questions were welcomed, and it was noted that it was good to see improvements in performance and an improved trajectory. Industrial action was noted and a query raise on whether there are any signs that this will be resolved. It was noted that the Junior Doctor strike cannot be resolved until post-election. It was added that there are

governance and processes in place to manage the risk associated with industrial action.

7. Finance Report (Annual Planning Position)

CFO presented an overview of the finance report and colleagues were asked to note the finance report circulated prior to the meeting. CFO noted that the Trust has achieved a £1,393k surplus in the year to date, an adverse variance of £805k.

CFO noted that The Trust's planned surplus for the year has been increased to £14.1m in response to the stretch target given by the ICB.

The Trust originally committed to a surplus financial position of £13.2m, however due to financial pressures within the Integrated Care System (ICS) the Trust was given a further stretch target of £941k, resulting in a final planned surplus of £14.1m. The £941k improvement is made up of 2 elements: an increase in funding for capital charges (£76k) from the Integrated Care Board (ICB), and a reduction of £865k in non-clinical staffing costs. The reduction in staffing costs has been profiled to start in second half of the financial year (month 7), so does not currently impact the year-to-date position.

Trust income for NHS and Welsh commissioned services is consistent with the plan. English commissioners are following an Aligned Payment and Incentive (API) contract model, with fixed and variable elements. The variable factors include new outpatient attendances and day case/5+-elective care. The full detail of the variable element is still emerging, and so the contract income has been matched to plan while the data is reviewed and agreed with commissioners. The actual activity delivered by the divisions for the variable elements is consistent with the plans agreed with the divisions at the beginning of the year. However, there is a risk that internal plans may not be consistent with the targets calculated nationally. This is being assessed by the Finance department.

The Isle of Man and Private Patients income remains on a cost per case arrangement for 2024/25. In month, income from Isle of Man activity (excluding drugs & devices) was £26k above plan, with a year-to-date under-performance of £8k. Private patients' income was £44k above plan in May, with the year-to-date over-performance at £81k above plan.

Targeted Lung Health Check (TLHC) scans and health checks was £312k below plan in May with a year-to-date underperformance of £538k. The plan had assumed the expansion into new areas would commence from April. However, there has been a delay causing an adverse performance against plan year to date. Health checks in Wirral will start in June, with the scans commencing in July.

Pay spend was £155k below budget in May and £243k year-to-date. However, there are pockets of budgetary overspend, particularly in medical staffing costs caused by gaps in rotas or premium payments to cover sickness.

The largest non-pay pressure in the month relates to the undelivered Cost Improvement Programme (CIP). The Trust has transacted 44.7% of its recurrent target (identified 74.4%). Confirm and Challenge sessions have been held with each division and a range of corporate areas.

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

At the end of month 2, capital expenditure was £1,100k which primarily relates to backlog maintenance, Cath Lab 7 and the Decant Theatre. The Trust has a capital plan of £7,451k and is forecasting to spend all the allocation by the end of the year.

Comments and questions were welcomed DFO noted non-pay and confirmed that drugs are driving the overspend. There is a licenced drug being used in the medicine division. An application is being submitted for this to be managed via the GP in primary care.

DFO also noted that the higher cost of consumables driven by theatres is due to the increase in non-elective work. CFO added that the non-pay issue around higher cost of consumables is an emerging issue and will be brought back as part of the forecasting process.

8. Patient Level Costings & Reference Costs

CFO provided an overview of the pre-submission planning report circulated prior to the meeting. The committee is asked to approve that the plan is sufficient to meet the requirements to produce the required costing submission by the suggested regional submission date of 1st July.

The plan includes; Senior review and sign off to ensure the return have been prepared in accordance with the Approved Costing Guidance, Processes to validate the activity and costing data, gaps are identified, and any issues addressed as part of the planning process and that the costing and information teams involved in the submission are sufficiently resourced to produce and validate the submissions with the planned timeline.

IPC colleagues approved the process in place as sufficient to provide assurance to the board on the plan to complete the mandated costing submissions for 2023/24.

9. BAF Extract

IPC colleagues were asked to note the BAF extract circulated as part of the papers.

10. IPC Workplan review

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

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.

13. 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.

It was noted that the presentation approach works and creates extra dialogue. The reports circulated were good and well written.

It was agreed that it is helpful to have the feedback provided on the contribution forms and this will continue.

14. Date and Time of Next Meeting:

21st October 2024, 9.30am – 11.30am