University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 September 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 30 July 2015

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

Strategic Investment Business Cases:-

- **Minute 74/15/1 – Interim Reconfiguration of Level 3 ICU Provision and Associated Services;**
- **Minute 74/15/2 – Vascular Ward Full Business Case;**
- **Minute 74/15/3 – Vascular Angiography Suite and Vascular Studies Unit, and**
- **Minute 74/15/4 – Vascular Hybrid Theatre Full Business Case.**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- **Minute 78/15/3 – Facilities Management Contract Performance;**
- **Minute 79/15/2 – Emergency Floor Full Business Case ITFF Funding Application;**
- **Minute 79/15/4 – Delivery of the 2015-16 Financial Plan, and**
- **Minute 80/15/2 – Planned Patients Review.**

DATE OF NEXT COMMITTEE MEETING: 27 August 2015

Ms J Wilson
Non-Executive Director and Committee Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 30 JULY 2015 AT 12.30PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:
Ms J Wilson – Non-Executive Director (Committee Chair)
Mr J Adler – Chief Executive (excluding Minutes 75/15 to 77/15)
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Mr M Traynor – Non-Executive Director (excluding Minute 74/15/4)

In Attendance:
Mr S Barton – Director of CIP and Future Operating Model
Mr C Benham – Director of Operational Finance (on behalf of the Chief Financial Officer excluding Minutes 75/15, 76/15, 77/15, 78/15/3 and 80/15/1)
Ms L Bentley – Head of Financial Management and Planning
Mr A Furlong – Acting Medical Director (for Minutes 74/15/1 to 74/15/4)
Mr P Gowdridge – Head of Strategic Finance
Mr J Jameson – Interim Deputy Medical Director (for Minutes 74/15/1 to 74/15/4)
Mr D Kerr – Director of Estates and Facilities (for Minutes 75/15, 76/15, 77/15 and 78/15/3)
Mr W Monaghan – Director of Performance and Information
Mr R Mitchell – Chief Operating Officer (excluding Minutes 75/15 to 77/15)
Mr R Moore – Non-Executive Director
Mr A Nasim – Consultant Vascular Surgeon and Head of Service (for Minutes 74/15/1 to 74/15/4)
Mr T Pearce – Finance Lead (for Minutes 74/15/1 to 74/15/4)
Mrs K Rayns – Trust Administrator
Ms K Shields – Director of Strategy
Mr K Singh – Trust Chairman (excluding Minutes 75/15, 76/15, 77/15, 78/15/2, 78/15/3 and 80/15/1)
Mr G Smith – Patient Adviser
Ms N Topham – Head of Strategic Reconfiguration Business Cases (for Minutes 74/15/1 to 74/15/4)
Ms E Wilkes – Reconfiguration Director (for Minutes 74/15/1 to 74/15/4)

RECOMMENDED ITEMS **ACTION**

74/15 INVESTMENT BUSINESS CASES

As previously agreed with the Director of Corporate and Legal Affairs and the Quality Assurance Committee Chair, the Trust's Acting Medical Director and Acting Chief Nurse had been invited to attend the meeting at this point, to provide input on the clinical quality aspects of the business cases. However, the Acting Chief Nurse was unable to attend on this occasion. A number of Clinicians and representatives from the Reconfiguration Team (indicated above) also attended the meeting for these 4 items.

74/15/1 Interim Reconfiguration of Level 3 Intensive Care Units and Associated Services

Paper S set out the ICU Business Justification to move adult level 3 services off the Leicester General Hospital site, to address patient flows, workforce challenges and maintain the safety of the service going forwards. The paper was taken as read and IFPIC members raised the following comments and queries:-

(a) the ICU Business Justification would be used as the context to relocate Vascular Services to the Glenfield Hospital site (at pace) to create a suitable space at the LRI for the re-provision of ICU level 3 services;
(b) whether the Trust would be relocating its Vascular Services if this was not a critical business development enabler for other service reconfiguration workstreams, and what

the impact might be if the relevant DoH and TDA funding streams were curtailed mid-programme. In response, the Director of Strategy confirmed that the timescale for the Vascular service moves had been brought forwards, but the clinical adjacencies with Cardio-Thoracic Services would be beneficial to both Services;

(c) the Acting Medical Director noted the intention to prepare the Glenfield Hospital site for a range of other future service moves, which would result in Glenfield becoming a "hotter" site, going forwards;

(d) the Acting Medical Director commented upon the interim transitional costs arising from split site services, until completion of the reconfiguration programme and the need to identify those costs within the context of wider service efficiencies, and

(e) further clarification of the revenue and capital expenditure impact was being undertaken and an update would be provided to the August 2015 IFPIC meeting.

Recommended – that the ICU Business Justification be supported for Trust Board approval on 6 August 2015, subject to further clarification of the revenue and capital impact being presented to the August 2015 IFPIC meeting. **DS**

74/15/2 Vascular Ward Full Business Case

Paper T provided the full business case for ICU enabler 1, the Vascular Ward consisting of 28 beds in the sum of £4.2m capital costs. The estimated revenue costs had been challenged as these had been offset by the additional anaesthetist and theatre rotas for other services (eg Gynaecology), and the revenue expenditure forecasts had now reduced from £1.5m to £1m.

Mr M Traynor, Non-Executive Director queried the statement contained within the report which indicated that the development itself would not contribute towards reducing the Trust's deficit. In further discussion, members agreed that the scheme would enable additional activity to be undertaken and it was important to make this more explicit within the final version of the business case.

Mr R Moore, Non-Executive Director and Audit Committee Chair queried the cost per square metre for provision of the Vascular Ward (£3,300 per m^2). In response, the Consultant Vascular Surgeon and Head of Service briefed the Committee on the additional circulation space required for mobilisation of amputee patients and confirmed that the costs included refurbishment of non-clinical space and all bed-head services. The Director of Strategy offered to provide the Audit Committee Chair with benchmarking costs outside the meeting (if required).

Tables 22 and 23 in section 5.3 of the report set out the capital charges calculations of the scheme (by year) modelled through Interest Bearing Debt (IBD) and Public Dividend Capital (PDC). Members considered how these capital charges would be incorporated into the Trust's Long Term Financial Model (LTFM) including the scope to include these costs within the Trust's structural deficit going forwards.

Noting that the purchase order was required to be completed by 10 August 2015, to maintain the pace of the programme, the Committee supported the business case for approval by the Trust Board on 6 August 2015.

Recommended – that the business case for provision of a 28 bed Vascular Ward on the Glenfield Hospital site in the sum of £4.2m (as presented in paper T) be supported for Trust Board approval on 6 August 2015. **DS**

74/15/3 Vascular Angiography Suite and Vascular Studies Unit Full Business Case

Paper U provided the full business case for ICU enabler 2, the Vascular Angiography Suite at Glenfield Hospital to provide a co-location with Cardiology and Cardiothoracic services and improve patient experience through optimised pathways. This development was aligned with the Trust's Clinical Strategy and the 5 year plan and would ensure the long

term sustainability of Vascular services in order to maintain designation as a national specialised service.

The Acting Medical Director confirmed that the proposal was the most clinically appropriate solution and clinical colleagues provided assurance regarding the rigour applied within the business case development process to ensure that a flexible service model was provided which would enhance patient quality and reduce clinical risk within the lowest possible cost envelope. IFPIC members sought and received further information regarding demographic growth and future changes in demand.

The total revenue cost pressures across the 3 ICU enabling schemes was noted to be in the region of £1.8m, plus capital charges, but the additional income arising from extra activity had not yet been validated. Noting the constraints of the timescale for approving the business case and placing the purchase order, the Committee supported the business case for Trust Board approval on 6 August 2015, subject to clarification of the additional income streams at a later date.

Recommended – that (A) the business case for provision of the Angiography Suite on the Glenfield Hospital site in the sum of £4.2m (as presented in paper U) be supported for Trust Board approval on 6 August 2015, and **DS**

(B) additional income streams arising from extra clinical activity to be clarified at a later date. **DS**

74/15/4 Vascular Hybrid Theatre Full Business Case

Paper V provided the full business case for ICU enabler 3, the Hybrid Theatre which would combine an operating theatre with an interventional radiology suite, thus enabling it to function flexibly as a conventional theatre or as a radiology facility. Crucially this allowed for intra-operative and post-operative on-table imaging to be undertaken.

In discussion on the report, the Audit Committee Chair noted that this was not a like-for-like replacement and the report presented at paper V did not provide an appropriate investment appraisal. In response, Mr T Pearce, Finance Lead provided assurance that a full investment appraisal had been undertaken as part of the original Vascular Business Case and that this could be refreshed and re-presented (if required).

The Chief Executive outlined the following additional information which would be required to inform the Trust Board's consideration of the business cases on 6 August 2015:-

(a) updated revenue costs for all enabling schemes;
(b) clarification of the arrangements for building the revenue costs into the LTFM, and
(c) identification of the potential revenue impact of not providing a vascular hybrid theatre.

The Trust Chairman noted that this information would be circulated in the form of an addendum to the Trust Board meeting papers and he requested that this addendum be circulated by 4 August 2015 at the latest to allow members time to review the information prior to the Trust Board meeting. **DS**

Recommended – that the business case for the Hybrid Theatre be supported for Trust Board approval on 6 August 2015, subject to the additional information (requested above) being provided to the Trust Board in the form of an addendum to the Vascular business cases. **DS**

RESOLVED ITEMS

75/15 APOLOGIES

Apologies for absence were received from Mr P Traynor, Chief Financial Officer. The

Committee noted that Mr C Benham, Director of Operational Finance was attending on behalf of the Chief Financial Officer.

76/15 MINUTES

Papers A and A1 provided the Minutes of the Integrated Finance, Performance and Investment Committee meeting held on 25 June 2015.

Resolved – that the Minutes of the 25 June 2015 IFPIC meeting (papers A and A1) be confirmed as correct records.

77/15 MATTERS ARISING PROGRESS REPORT

The Committee Chair confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising from previous Finance and Performance Committee (FPC) and Integrated Finance, Performance and Investment Committee (IFPIC) meetings. Members noted that a number of items had been deferred from the July meeting to the August meeting in view of the number of business cases on the July agenda and a progress update was provided in respect of the following item:-

- Minute 66/15/5 of 25 June 2015 – the Director of Estates and Facilities had discussed the savings opportunities associated with non-urgent patient transport with the Director of Operational Finance and a time-limited working group was now being established (with input from the Procurement Team) to progress this workstream. Clarity would be provided in due course regarding the governance and reporting arrangements for this working group and the Committee Chair invited the project leads to review the priority of this workstream alongside other competing priorities. **DOF**

Resolved – that the matters arising report and any associated actions above, be noted. **NAMED LEADS**

78/15 STRATEGIC MATTERS

78/15/1 Operational Plans Submission for 2015-16 – TDA Feedback

Paper C provided copies of correspondence between UHL and the TDA in respect of the Annual Operational Plan submission. The Chief Executive provided a verbal summary of the key messages arising from the quarterly review meeting held with the TDA earlier that morning and he agreed to circulate a copy of the presentation slides from that meeting. Members noted that the improvements in financial control, RTT performance, and mortality indicators had been well-received and that an additional focus would be required on reducing the size of the forecast deficit for 2015-16 and improving the trajectory for compliance with the 62 day cancer standard. **CE**

Resolved – that the Chief Executive be requested to circulate the presentation slides from the 30 July 2015 TDA quarterly review meeting to IFPIC members for information. **CE**

78/15/2 Report by the Director of Strategy

Resolved – that this Minute be classed as confidential and taken in private on the grounds of commercial interests.

78/15/3 Facilities Management Contract Performance – Quarterly Update

The Director of Estates and Facilities introduced paper E, providing the regular quarterly performance report on the Interserve Facilities Management (IFM) contract. In presenting the report, he particularly highlighted the following issues:-

(a) a trend analysis for the key performance indicators (KPIs) would be included in all future iterations of the report; **DEF**
(b) actions were underway to address the apparent discrepancies between IFM and UHL cleaning audit data. Clarity had been provided to ward matrons that the document they signed at the end of each audit was to confirm their agreement with the audit results, and not just to confirm that the audit had taken place, and
(c) the results of the annual Patient Led Audit of the Care Environment (PLACE) were expected to be released on 16 August 2015 and a related report would be submitted to the 27 August 2015 Quality Assurance Committee meeting. **DEF**

Discussion took place regarding a suggestion by the Director of Strategy regarding the potential use of digital cameras to capture evidence of cleaning audits (including the date and time of each audit).

The Audit Committee Chair also noted the need for robust evidence to be collated in respect of the deterioration in cleaning standards since the commencement of the service transformation work. The Director of Estates and Facilities provided assurance that formal improvement notices had been issued and the process was well-documented. However, the Audit Committee Chair and the Director of Estates and Facilities agreed to discuss this issue further outside the meeting, to ensure that an appropriate audit trail was maintained. **AC Chair/ DEF**

The Committee Chair noted that the Director of Marketing and Communications had circulated a briefing note on IFM contractual performance to all Board members and she requested that this document be refreshed regularly. The Patient Adviser also highlighted the need for a public-facing statement on the actions being taken to improve performance within the contract. **DMC** **DMC**

<u>Resolved</u> – that (A) the quarterly IFM performance report be received and noted as paper E;

(B) the Director of Estates and Facilities be requested to:-
- **include a trend analysis within future iterations of the report, and** **DEF**
- **submit a report on the PLACE results to the 27 August 2015 QAC meeting;** **DEF**

(C) a further discussion on the audit trail in relation to the IFM contractual performance be held between the Audit Committee Chair and the Director of Estates and Facilities outside the meeting, and **AC Chair/ DEF**

(D) the Director of Marketing and Communications be requested to:-
- **refresh the Trust Board briefing note on IFM contractual performance, and** **DMC**
- **consider providing a public-facing statement on the actions being taken to improve performance within the IFM contract.** **DMC**

79/15 FINANCE AND PLANNING

79/15/1 <u>5 Year Financial Strategy Update</u>

The Director of Operational Finance introduced paper F, providing an update on the 5 Year Financial Strategy and the segregation of the forecast 2015-16 income and expenditure deficit (£36.1m) into a structural deficit of £26m and an operational deficit of £10m (as set out in table 8 on page 9 of the report). Members noted that Ernst Young were currently analysing and validating the balance between structural and operational deficits and the outcome of this work would be reported to IFPIC in September 2015. **CFO**

Discussion took place regarding the funding arrangements for the Site Reconfiguration Programme and the process for raising these issues in the public domain, including the related pros and cons of Interest Bearing Dept (IBD) which was now referred to as Interim Capital Support Loans (ICSL) and Public Dividend Capital (PDC). The Committee Chair suggested that a discussion could be scheduled on the Trust Board thinking day agenda,

alongside the Commercial Strategy, but the Chief Executive noted the need for an earlier discussion (if possible) and he agreed to discuss this issue with the Chief Financial Officer upon his return from annual leave. **CE/ CFO**

Section 7.1 of paper F highlighted areas for further development of the Financial Strategy into a Monitor compliant Integrated Business Plan (IBP) finance chapter, which would also have to capture the Trust's cash and working capital strategy. The Chief Executive was requested to progress the arrangements for this workstream outside the meeting. **CE**

Resolved – that (A) an update on the validation work regarding the breakdown between the structural and operational deficits be presented to the September 2015 IFPIC meeting; **CFO**

(B) the Chief Executive and the Chief Financial Officer be requested to schedule a discussion on the preferred approach to ICSL and PDC to support the Trust's Site Reconfiguration Programme, and **CE/ CFO**

(C) the Chief Executive be requested to progress the arrangements for development of a Monitor compliant IBP outside the meeting. **CE**

79/15/2 Emergency Floor Full Business Case – Integrated Trust Financing Facility (ITFF) Funding Application

The Director of Operational Finance presented paper G, seeking the Committee's approval of a financing application to the Integrated Trust Financing Facility (ITFF) Committee in the sum of £38.7m public dividend capital (PDC) to support the construction of the Trust's new Emergency Floor Development. Discussion took place regarding the 8 week timeline to complete the application process and the likelihood of this application being successful. Section 2.2 of paper G set out the reasons for applying for PDC instead of an Interim Capital Support Loan (ICSL) despite the national policy which dictated that the FBC should be modelled on interest bearing debt.

Resolved – that the ITFF Funding Application for £38.7m PDC to support the Emergency Floor Full Business Case be approved as set out in paper G. **DOF**

79/15/3 Month 3 Financial Performance 2015-16

The Director of Operational Finance introduced papers H1 and H2, providing an update on UHL's performance against the key financial duties for 2015-16 relating to delivery of the planned deficit, achievement of the External Financing Limit (EFL) and achievement of the Capital Resource Limit (CRL), as submitted for consideration by the 28 July 2015 Executive Performance Board and the 6 August 2015 Trust Board meetings.

Members noted a £2.2m adverse year to date position against plan and that the main driver for this was a pay overspend of £2.3m. The Trust was still forecasting to deliver the planned year end deficit (£36.1m) and the actions required to achieve this were considered later in the meeting (paper I and Minute 79/15/4 below refer).

The Committee Chair sought additional information on staff awareness of the financial challenges across the wider organisation and the Chief Operating Officer provided feedback from recent Executive Performance Board discussions where some specific actions had been agreed to improve the flow of information to address organisational behaviours.

Mr M Traynor, Non-Executive Director commented upon the context on the Trust's negative run-rate over the first 3 months of the financial year and highlighted the need for significant management intervention to reverse this trend. The Committee requested that an increased focus on cash flow, debtor performance and the modelling of income attributed to additional activity plans be included within the next iteration of the financial **CFO**

performance report.

Discussion took place regarding the quality of UHL's clinical coding and members noted the positive impact of the new block contract and the appointment of a clinical coding trainer. The Chief Executive commented upon the scope to implement a review of discretionary spending controls as a last resort, noting that the savings delivered were generally quite low in proportion to the increased levels of organisational frustration.

Resolved – that (A) the briefings on UHL's Month 3 financial performance (papers H1 and H2) and the subsequent discussion be noted, and

(B) an increased focus on cash flow, debtor performance and income attributed to additional activity be included in the next iteration of the financial performance report. **CFO**

79/15/4 Delivery of the 2015-16 Financial Plan – Progress Report on the Actions Required

Further to Minute 69/15/2 of 25 June 2015, the Director of Operational Finance introduced paper I, providing an update on the CMG and Directorate-level financial forecasts and the actions required to ensure delivery of the 2015-16 financial plan. Members noted that weekly meetings were being held with each CMG and the forecast position had improved by £10.6m (assuming full delivery of the cost improvement targets).

The Committee considered the key themes in relation to the cost of additional theatre sessions (where a focused review of theatre utilisation was taking place) and reducing premium pay expenditure as substantive recruitments were made to vacant posts. Appropriate priority was being applied to those workstreams which had the most scope to achieve additional savings. The Director of Operational Finance reported on the impact of the Theatre Trading Model which had been implemented in June 2015 and was already demonstrating the ability to change behaviours through improved understanding of the costs of theatre sessions.

The Committee Chair noted the need for additional assurance on the total quantum of financial recovery plans, including the cross-cutting workforce and theatre productivity workstreams and she requested that a further report on the actions required to deliver the 2015-16 financial plan be presented to the IFPIC meeting on 27 August 2015.

Resolved – that a further report on the actions required to deliver the 2015-16 financial plan be presented to the 27 August 2015 IFPIC meeting. **CFO**

79/15/5 Cost Improvement Programme (CIP) 2015-16

The Director of CIP and Future Operating Model introduced paper J, providing an update on progress of the 2015-16 Cost Improvement Programme and the actions being taken to ensure the delivery of the £43m target. At 22 July 2015, the forecast out-turn of the programme was £42.6m which represented a £2.9m improvement from the June 2015 position. The Committee considered the inherent risks and mitigating actions surrounding inpatient beds, noting that 78 beds had been successfully closed during the summer months, but there would be significant challenges surrounding delivery of elective demand if the whole health economy actions to deliver additional care in the community were not in place by Quarter 3 as planned.

The Committee Chair sought and received assurance that the 7 CMG level Transformation Manager posts were delivering value for money and the Patient Adviser queried whether the Transformation Managers were working across site and breaking down the traditional silo working models. The Audit Committee Chair queried whether any additional resources might help to identify further savings opportunities. In response, the Chief Operating Officer briefed members on the transition away from Ernst Young resources and the challenges associated with recruiting additional senior resources to lead the cross-cutting

schemes and service improvement workstreams.

The Committee discussed UHL's proposed methodology for service improvement, noting that a "straw man" was being prepared for consideration at the September 2015 Trust Board thinking day, the 29 September 2015 Leadership Conference and that an LiA style consultation approach would be taken. Finally, the Director of CIP and Future Operating Model advised that a report on the development of the 2016-17 cost improvement programme would be presented to the August 2015 IFPIC meeting, bearing in mind that some schemes had a 7 or 8 month lead in period attached to them.

Resolved – that (A) the Cost Improvement Programme update (paper J) and the subsequent discussion be received and noted, and

(B) a report on the 2016-17 cost improvement programme be presented to the IFPIC meeting on 27 August 2015. **DCIP&FOM**

80/15 PERFORMANCE

80/15/1 Month 3 Quality and Performance Report

Paper K provided an overview of UHL's quality, patient experience, operational targets, and HR performance against national, regional and local indicators for the month ending 30 June 2015. Particular discussion took place regarding the following key issues:-

(a) referral to treatment (RTT) – performance against the admitted, non-admitted and incomplete targets remained compliant. Interim plans were in place to address a recent spike in ENT and Paediatric ENT referral rates and a longer term strategy was being developed to deliver additional ENT activity in the region of 40 cases per month. A watching brief was being maintained in respect of August RTT performance as the bookings data appeared to be lower than expected;
(b) diagnostics – a compliant position was expected to be achieved in September 2015, once endoscopy performance had recovered. Additional weekend endoscopy activity was planned throughout the month of August 2015 to strengthen performance;
(c) cancer performance – 2 week wait performance was improving, but issues relating to patient choice in the dates being offered were still being addressed through a range of actions being implemented by UHL and by GP colleagues. Concerns were raised in respect of cancelled operations for a small number of confirmed cancer patients and arrangements were being made to improve access to theatres for urgent Urology cases. An updated report on cancer performance would be presented to the Committee on 27 August 2015, and **COO**
(d) fractured neck of femur – discussion took place regarding the scope to sustain the current levels of performance through better visibility and control measures. A detailed position statement was due to be presented to the August 2015 IFPIC meeting. **COO**

In discussion on the report, the Committee Chair commended the granularity which was being applied to improving cancer performance whilst recognising the additional work required in order to improve upon the current trajectory for achieving compliance with all of the cancer indicators. Dr S Dauncey, Non-Executive Director and QAC Chair sought and received additional information regarding the recent variation in referral rates for ENT services, noting that discussions were underway with primary care colleagues to clarify the cause and effect.

Resolved – that (A) the month 3 Quality and Performance report (paper K) and the subsequent discussion be received and noted;

(B) an updated report on cancer performance be presented to the 27 August 2015 IFPIC meeting, and **COO**

(C) a position statement on fractured neck of femur performance be presented to the **COO**

80/15/2 Planned Patients Review

Further to Minute 68/15/3 of 25 June 2015, the Director of Performance and Information introduced paper L, summarising the outcome of a recent review of over 1500 planned patient waiting lists across 27 specialties and providing assurance regarding the actions being taken to strengthen accountability in a number of areas. Appendix 1 to paper L provided a copy of the action plan developed in response to the planned waiting list assurance exercise and appendix 2 provided a copy of the letter sent to all Heads of Service and General managers setting out the arrangements for ensuring complete waiting list accuracy going forwards.

The report also outlined the recovery plans for the Orthodontics and Endoscopy services and particular discussion took place regarding these 2 services:-

(a) UHL's Orthodontics waiting list was currently closed to new referrals, due to the challenges associated with recruitment of 2 full-time Consultants to deliver the required activity. The Chief Executive commented on the scope to strengthen the longer term commitment to Commissioning of this service, and
(b) advice had been sought from the Intensive Support Team regarding the custom and practice of including a 6 week grace period within the planned treatment date for Endoscopy patients and it was proposed that a local policy would be produced for sign off to strengthen the governance process in this respect. The Chief Executive queried the rationale for such a policy and he requested that a further discussion be scheduled on the next Executive Performance Board agenda – the outcome of this discussion would then be communicated to IFPIC members via the matters arising progress log. **COO**

The Director of Performance and Information detailed a number of smaller-scale waiting list issues which had been highlighted as a result of the assurance exercise. These included Paediatric Gynaecology, Cardiology Left Atrial Appendage (LAA), Transcatheter Aortic Valve Implantation (TAVI) and some second test pathways for Allergy services. A final report on the planned patients review would be presented to the October 2015 IFPIC meeting. In addition, the Audit Committee Chairman noted the intention to receive a report on planned waiting list compliance at the next Audit Committee meeting in order to provide the Trust Board with appropriate assurance in this area.

Resolved – that (A) a discussion on the local policy for endoscopy waits be scheduled on the Executive Performance Board agenda and the outcome be reported to IFPIC via the matters arising log; **COO**

(B) a final report on the planned patients waiting list review be presented to the October 2015 IFPIC meeting, and **COO**

(C) the Audit Committee be requested to review planned waiting list compliance at the September 2015 meeting. **AC Chair**

81/15 SCRUTINY AND INFORMATION

81/15/1 Strategic Business Case Approvals Process

Further to Minute 67/15/1 of 25 June 2015, paper M provided a copy of the revised approvals process for members' information. The Committee Chair noted that whilst the Intensive Care and Vascular business cases had been submitted to this meeting using the new templates, there was still some scope for modifying the final process and any further comments should be submitted to the Head of Strategic Reconfiguration Business Cases following today's meeting.

Resolved – that the Strategic Business Case Approvals Process be approved, **ALL**

subject to any further comments or suggested amendments being provided directly to the Head of Strategic Reconfiguration Business Cases outside the meeting.

81/15/2 Final Reference Costs Submission

Resolved – that the final reference costs submission (paper N) be received and noted.

81/15/3 Executive Performance Board

Resolved – that the notes of the 26 May 2015 and 23 June 2015 Executive Performance Board meetings be received and noted as papers O and O2.

81/15/4 Revenue Investment Committee

Resolved – that the draft notes of the 10 July 2015 Revenue Investment Committee meeting be received and noted as paper P.

81/15/5 Capital Monitoring and Investment Committee

Resolved – that the draft notes of the 10 July 2015 Capital Monitoring and Investment Committee meeting be received and noted as paper Q.

81/15/6 Updated IFPIC Calendar of Business

Resolved – that the updated IFPIC calendar of business be received and noted as paper R.

82/15 ANY OTHER BUSINESS

Resolved – that no other items of business were noted.

83/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be provided to the Trust Board meeting on 6 August 2015, and **TA/ Chair**

(B) the following items be particularly highlighted for the Trust Board's attention:-

- **Minutes 74/15/1 to 74/15/4 – ICU and Vascular Business Cases;**
- **Minute 78/15/3 – Facilities Management Contract Performance;**
- **Minute 79/15/2 – Emergency Floor Full Business Case ITFF Funding Application;**
- **Minute 79/15/4 – Delivery of the 2015-16 Financial Plan, and**
- **Minute 80/15/2 – Planned Patients Review.**

84/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 27 August 2015 from 9am – 12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 3.40pm

Kate Rayns,
Acting Senior Trust Administrator

Attendance Record 2015-16

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair)	4	4	100%	R Mitchell	4	3	75%
J Adler	4	2	50%	M Traynor	4	4	100%
I Crowe	4	4	100%	P Traynor	4	3	75%
S Dauncey	4	3	75%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Kerr	4	4	100%	G Smith	4	4	100%
R Moore	4	4	100%	K Shields	4	3	75%
K Singh	4	4	100%				