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: 4 June 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 30 April 2015

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

- **Annual Operational Plan 2015-16 (Minute 37/15)**
- **Final Financial Plan 2015-16 (Minute 38/15)**

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

- **none**

DATE OF NEXT COMMITTEE MEETING: 28 May 2015

Ms J Wilson

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE (IFPIC), HELD ON THURSDAY 30 APRIL 2015 AT 9AM 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
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (excluding Minutes 39/15 and 40/15)
Dr S Dauncey – Non-Executive Director
Mr M Traynor – Non-Executive Director (excluding Minutes 39/15 to 42/15/1)
Mr P Traynor – Director of Finance

In Attendance:
Ms H Allen – Transformation Lead, MSS CMG (for Minute 42/15/1)
Mr S Barton – Director of Cost Improvement and Future Hospital Operating Model (for Minutes 45/15/2 and 45/15/3)
Mr P Butterworth – Consultant Urologist, CHUGGS CMG (for Minute 43/15/1)
Mr N Callow – Director of Finance, Empath (for Minute 42/15/2)
Ms J Fawcus – Head of Operations, CHUGGS CMG (for Minute 43/15/1)
Ms L Gallagher – Workforce Development Manager (for Minute 45/15/3)
Mr D Harvey – Finance Lead, MSS CMG (for Minute 42/15/1)
Mr D Kerr – Director of Estates and Facilities
Ms M MacLellan-Smith – Ernst Young (for Minute 45/15/2 and 45/15/3)
Mr W Monaghan – Director of Performance and Information
Mr R Moore – Non-Executive Director
Mrs K Rayns – Acting Senior Trust Administrator
Dr P Shaw – Managing Director, Empath (for Minute 42/15/2)
Ms K Shields – Director of Strategy
Mr K Singh – Trust Chairman
Mr G Smith – Patient Adviser
Ms E Stevens – Acting Director of Human Resources (for Minute 45/15/3)
Ms S Taylor – Head of Operations, MSS CMG (for Minute 42/15/1)

RECOMMENDED ITEMS **ACTION**

37/15 ANNUAL OPERATIONAL PLAN 2015-16

The Director of Strategy introduced paper K, seeking the Committee's endorsement of the Trust's draft Annual Operational Plan 2015-16, noting that the final version would be submitted for Trust Board consideration on 7 May 2015. She briefed the Committee on the outcome of discussions at the Executive Strategy Board on 14 April 2015 and the Executive Performance Board on 28 April 2015 confirming that additional clarity would be provided within the narrative section on the Trust's ambitions and the pace of transformation.

In discussion on the report, members noted the scope to improve the assurance provided in respect of ED performance, reductions in agency expenditure, the CQC action plan and reducing hospital acquired infections. The Director of Finance advised that a meeting had been scheduled with the TDA during week commencing 4 June 2015 to review the Trust's financial plan and this was likely to include further discussions on the projected timeline for achieving a balanced financial position.

The Committee Chair voiced surprise that an Equality Impact Assessment was not required to accompany the submission and the Director of Strategy agreed to double-check this point and provide the Trust Administrator with a briefing note for circulation **DS**

outside the meeting.

Responding to a comment from the Patient Adviser on section 10 of paper K regarding additional patient and public involvement resources, the Chief Executive undertook to re-visit the decision not to fund an additional band 5 post within the prioritisation process for cost pressures associated with delivering the Trust's Strategic Objectives and Annual Priorities. The Director of Strategy was requested to amend the wording of this section of the report, in accordance with the outcome of this discussion. **DS**

Recommended – that the Annual Operational Plan for 2015-16 be endorsed for Trust Board approval on 7 May 2015, subject to:-

(i) confirmation of the arrangements for completing the Equality Impact Assessment, and

(ii) the outcome of further consideration surrounding an identified cost pressure for additional patient and public involvement resources.

38/15 FINAL FINANCIAL PLAN 2015-16

Further to Minute 25/15 of 26 March 2015, paper M provided an update on the financial plan and budget book for 2015-16. The Director of Finance confirmed that the final financial plan was entirely consistent with the draft iteration endorsed by the Committee on 26 March 2015. He drew members' attention to the additional clarity regarding discretionary funding of CMG and Directorate cost pressures and the reliance upon UHL's business case development and the related approvals processes to deliver the 2015-16 capital programme.

Mr R Moore, Non-Executive Director and Chair of the Audit Committee sought and received assurance that the financial plan was aligned with the Trust's 5 year strategy and the Long Term Financial Model (LTFM). The Director of Finance confirmed that the 2015-16 deficit control total would remain at £36.1m, but further analysis work was taking place in respect of the deficit plans for 2016-17 and beyond.

Recommended – that the final financial plan and budget book for 2015-16 be endorsed and recommended for Trust Board approval on 7 May 2015. **DF**

RESOLVED ITEMS

39/15 APOLOGIES AND WELCOME

Apologies for absence were received from Ms L Bentley, Head of Financial Management and Planning.

40/15 MINUTES

Papers A and A1 provided the Minutes of the Integrated Finance, Performance and Investment Committee meeting held on 26 March 2015.

Resolved – that the Minutes of the 26 March 2015 IFPIC meeting (papers A and A1) be confirmed as correct records.

41/15 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. The Committee received progress updates in respect of the following items:-

(a) Minute 140/14/2 (a) of 18 December 2014 – the agreed action regarding embedded University of Leicester accommodation within the UHL estate had been superseded by discussion on 26 March 2015 (Minute 30/15/2 refers) and this item could now be removed from the progress log; **TA**

(b) Minute 126/14/4 of 26 November 2014 – reports on the Empath Strategy and Empath's financial and operational performance featured on the agenda for this meeting and the outstanding actions could now be closed and removed from the progress log; **TA**

(c) Minute 78/14(a) of 30 July 2014 – a post implementation review of the Da Vinci robot investment featured on the agenda for this meeting and this action could now be closed and removed from the progress log, and **TA**

(d) Minute 78/14(e) of 30 July 2014 – a review of the delegated approval limits for the Alliance would be undertaken now that Ms T Hooton had commenced in post as the new Alliance Director. Feedback would be provided to the Committee in June 2015. **DF**

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

42/15 STRATEGIC MATTERS

42/15/1 CMG Presentation – Musculoskeletal and Specialist Surgery (MSS)

Paper C provided an overview of the MSS CMG's operational and financial performance, significant achievements in the last 6 months, risks, CIP performance, workforce indicators, proposed strategic changes in 2015-16 and key commitments for the next 12 months.

Before the CMG representatives attended the meeting, the Director of Performance and Information briefed the Committee on the CMG's recent progress with RTT performance, (particularly in the specialties of Orthopaedics, ENT and Paediatric ENT where the CMG was undergoing a form of special measures) and confirmed that the CMG's grip on cancer performance remained strong. From a financial perspective, the Committee noted that the majority of the CMG's £3.7m deficit control total had been built up during the first half of the 2014-15 financial year and that financial performance and cost controls had improved significantly during the second half of the year. The CMG's main challenges for 2015-16 would be to deliver their planned clinical activity, continue with backlog reductions and manage the implementation of UHL's theatre trading model. Robust CIP plans had been identified for 2015-16 and the CMG was noted to be one of the top-performing CMGs in this respect.

The Head of Operations, Finance Lead and Transformation Lead for the MSS CMG attended the meeting at this point and introductions took place. During the presentation, the CMG team was invited to focus primarily on the 2015-16 CIP slide. In response, the CMG advised that (to date) CIP schemes totalling £5.077m had been identified to support delivery against the target of £4.875m and that work was continuing to progress the red and amber RAG rated schemes to green. The CMG was also exploring additional CIP opportunities in order to mitigate their plans in the event that any of their schemes did not progress according to plan.

The CMG briefed the Committee on the following strategic changes and key commitments over the next 12 months:-

(a) handover of Vascular services to the RRC CMG, although MSS would continue to provide operational support on a day-to-day basis until the Vascular service relocated to Glenfield Hospital;
(b) Better Care Together workstreams for moving care closer to home within key outpatient and elective pathways;
(c) development of trauma services to include dedicated spinal services (noting the recruitment challenges surrounding spinal surgeons), and improvements to fractured

neck of femur performance;

(d) workforce issues and changes in the Deanery training programme which were likely to impact upon the Maxillo-Facial and Orthodontics services, and

(e) an identified capacity issue for Orthodontics and Restorative Dentistry which had been compounded by delays in Commissioner approval of the business plan for creating additional capacity to reduce the waiting list. In addition, the CMG was undertaking a full clinical and administrative validation of all patients currently on this waiting list. The Chief Executive provided assurance that he would escalate the Trust's concerns to NHS England regarding the delays with their response to the business case submission. **CE**

In respect of the final slide which identified 5 areas where additional support would be welcomed, the Director of Estates and Facilities confirmed the intention to complete planned paediatric bed changes before September 2015, pending resolution of minor differences of opinion in relation to the plans, recognising the importance of ensuring timely CQC compliance whilst maintaining the overall elective activity throughput.

Recognising the achievements to date in respect of RTT performance, the Committee Chair invited the CMG team to identify the top 3 things that would make the most difference to RTT performance going forwards. In response, the Head of Operations listed a range of actions for each specialty which included addressing the Paediatrics bed base, ENT capacity, substantive recruitment to replace existing locum positions, reductions in imaging turnaround times for Orthopaedics, and reductions in referral patterns for knee revision surgery and referrals first appointments for back pain.

The Patient Adviser sought and received assurance in respect of the level of patient and communications involvement in the development of CIP schemes, noting that such involvement would be invited at an early stage in the event that the quality impact assessment indicated any potential issues. Assurance was also provided that patients would not be directly affected by increased charges for diabetic retinopathy. The Chief Operating Officer advised that a patient representative currently attended meetings of the OPD CIP Board and he agreed to liaise with the Patient Adviser outside the meeting to explore whether this would be feasible for other cross-cutting CIP themes. **COO**

The Committee Chair thanked the CMG team for their presentation, recognising their achievements in recent months and complimenting them on their robust CIP plans for 2015-16. She particularly noted the exciting challenges facing the CMG in the coming months and encouraged them to seek any additional support (if required).

Resolved – that (A) the MSS CMG presentation and subsequent discussion be noted,

(B) the Chief Executive be requested to escalate concerns to NHS England regarding delays in approving UHL's business case to increase capacity for Orthodontics and Restorative Dentistry, and **CE**

(C) the Chief Operating Officer be requested to liaise with Mr G Smith, Patient Adviser regarding opportunities to invite patient representation within the cross-cutting CIP themes. **COO**

42/15/2 Report by the Director of Finance

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

42/15/3 Report by the Director of Estates and Facilities

Resolved – that this Minute be classed as confidential and taken in private on the

grounds of commercial interests.

42/15/4 University of Leicester Apportionment of Clinical Academic Funding

The Director of Finance introduced paper E, providing an update on progress towards the establishment of a Service Level Agreement (SLA) for re-charging medical staffing costs between UHL and the University of Leicester (UoL). Section 2.3 of paper E set out the underlying principles which formed the basis of the SLA, whilst noting that any additional payments such as on call or additional programmed activities would be funded by the organisation responsible for the additional commitment. Appendix 1 detailed the current and revised charges at Consultant and CMG levels and the budget transfers that were required to ensure that the baseline budgets were reflective of the revised costs.

Following consideration by the Executive Performance Board on 28 April 2015, a number of technical queries had been raised and the appendix was now being cross-checked to ensure that all clinicians and their associated administrative support were included within the schedule. Discussion took place regarding the arrangements to sustain the SLA going forwards and the Director of Finance confirmed the shared organisational appetite to maintain the data going forwards, advising that it would be updated every time a new appointment was made. The Committee welcomed this approach, noting the important step forward it provided in the Trust's relationship with the University. The identified changes to CMG budgets were supported, subject to the additional work requested by the Executive Performance Board.

Resolved – that (A) the report on apportionment of clinical academic funding between UHL and UoL be received and noted, and

(B) the required changes to CMG budgets be approved, subject to clarification that all clinical staff and their administrative support had been incorporated into the SLA. **DF**

43/15 INVESTMENT BUSINESS CASES

43/15/1 Da Vinci Robot – Post Implementation Review

Further to Minute 67/14/4 of the 25 June 2014 Finance and Performance Committee meeting, Ms J Fawcus, Head of Operations, CHUGGS CMG and Mr P Butterworth, Consultant Urologist attended the meeting to present paper F, providing an update on the Robotic Surgical Programme since the Da Vinci robot had arrived at UHL in June 2014.

The Committee Chair commented that this was the first of a series of post-implementation reviews due to be undertaken by the Committee, suggesting that a framework for such presentations would be useful going forwards. The Director of Strategy agreed to develop a template for post-implementation reviews with a focus on re-visiting the stated benefits within the original business case, how actual delivery had compared against forecast, any reasons for under-performance and any actions planned to address under-performance. **DS**

The Consultant Urologist tabled a graph illustrating the available and utilised operating days per week since the first robotic procedure had been undertaken in September 2014, noting that the period from July to September 2014 had been utilised for the surgeons' training programme. By week 18 of the programme, the robot had been utilised on 4 days out of the 5 day working week. Between weeks 26 and 30, an issue with procurement of instrumentation had impacted upon utilisation rates but utilisation had since returned to 4 days out of 5 (as at week 33).

The Committee sought assurance regarding the benefits realisation of the project and whether there had been any improvements in patient outcomes, post operative pain, length of stay or patient experience. In response, the Consultant Urologist suggested that it was a little too early in the process to present such outcomes data, due to the impact of the

initial training months. He suggested that an audit be undertaken during the second 6 months of the programme, although patients would usually be reviewed 12 months after a prostatectomy procedure to monitor any improvements in their continence or erectile disfunction. Informal anecdotal feedback had been broadly positive and a particular co-hort of gynaecology patients had been identified as suitable for robotic surgery although they were not suitable for conventional laparoscopic surgery.

The Director of Strategy queried the scope to implement weekend working, noting the views expressed by Urology that 3 session days would be more efficient, although it was understood that Gynaecology might be considering implementing Saturday sessions in the near future. The Director of Strategy also highlighted opportunities to expand UHL's market share through partnership working with Northamptonshire, Kettering and Lincolnshire.

The Committee noted a learning point around the timing of such post implementation reviews and requested that a further update on the robotic surgery programme be scheduled on the IFPIC agenda in November 2015, to allow for further audit data to be gathered. **TA**

<u>Resolved</u> – that (A) the Director of Strategy be requested to develop a framework template to support future IFPIC post project implementation reviews; DS

(B) the timing of future post implementation reviews be amended on the IFPIC calendar of business, and TA

(C) a further update on the robotic surgery programme be scheduled on the IFPIC agenda in November 2015. TA

44/15 PERFORMANCE

44/15/1 <u>Month 12 Quality and Performance Report</u>

Paper G provided an overview of UHL's quality, patient experience, operational targets, and HR performance against national, regional and local indicators for the month ending 31 March 2015. Particular discussion took place regarding the following areas of performance:-

(a) Referral to Treatment (RTT) – as advised on 26 March 2015, admitted performance was behind the improvement trajectory, however the target for the incomplete position had been achieved and UHL was now amongst the upper quartile of all Trusts in England. Non-admitted performance continued to be compliant (95.5% against the 95% target). April 2015 admitted performance had aimed to be at 90% but actual performance was likely to fall slightly short of this trajectory as predicted (88% against 90% target). However this represented the highest achievement since May 2013 and every specialty was expected to achieve in May 2015. Culture was improving within the teams booking patients within the required standard and more issues were being driven out relating to patient choice, eg patients being booked outside of their breach date. Individual reports on each breach were required and this was acting as a catalyst to change the mindset and instill belief in the General Managers that this target was achievable now. Special measures were in place for the specialties of Orthopaedics and Paediatric ENT and assurance was improving, although some fragility remained in these areas. The Chief Operating Officer reminded members of the significant achievements in Ophthalmology over the last 2 years and a period of incorrect RTT reporting during the 18-24 months prior to May 2013;

(b) cancer performance – as forecast on 26 March 2015, 2 week wait performance was close to being compliant for March 2015 although the final position was still being validated. Clear evidence was available that all breaches were attributable to patient

choice or patient-related factors. To mitigate against this, an increased focus was being maintained in respect of primary care engagement for all cancer exclusion pathways and the patient leaflet had been redesigned accordingly. Over the next 4 weeks, an audit was being carried out by tumour site for all patients raising concerns regarding engagement and feedback would be provided to the CCGs in respect of any primary care hotspots. The Director of Strategy noted an issue relating to non-availability of the patient information leaflet on the GP information system (prism) and the Director of Performance and Information agreed to look into this issue. **DPI**

In respect of 31-day performance, there had been 8 skin cancer breaches due to patients choosing to defer their treatment and members noted the challenges associated with the varying degrees of risk associated with different skin cancers and the associated timescales for their treatments. 62-day performance remained on trajectory to delivery compliant performance in July 2015;

(c) ambulance handover times – the Chief Operating Officer reported on the implementation of an improved data collection mechanism from the beginning of June 2015, but he advised that this measure was not expected to address the underlying issues. A renewed effort was being established to review the process delays and this would include visits to a number of Trusts where this issue had been successfully resolved;

(d) theatre cancellations and re-booking within 28 days – performance continued to improve (standing at 0.8% with only 2 cases not being rebooked within the timescale required);

In addition, the Chief Operating Officer reported that Mr M Metcalfe, Cancer Centre Lead Clinician would be undertaking an expanded role to oversee improvements in RTT performance in addition to cancer performance.

The Chief Executive advised that a review of the Trust's quality related performance would be undertaken during that afternoon's Quality Assurance Committee meeting and that he would be presenting an overview of the Trust's 2014-15 annual performance at the 7 May 2015 Trust Board meeting. Dr S Dauncey, Non-Executive Director noted the impact of the revised monitoring arrangements for cleaning KPIs now that the first audit data was being used consistently. The Committee Chair commended page 8 of paper G, which provided a clear and helpful summary of forecast compliance for the key responsive indicators.

Resolved – that (A) the month 12 Quality and Performance report (paper G) and the subsequent discussion be received and noted, and

(B) the Director of Performance and Information be requested to explore and resolve an identified issue relating to non-availability of the cancer exclusions patient information leaflet on the GP system (Prism). **DPI**

45/15 FINANCE

45/15/1 Month 12 Financial Performance 2014-15

The Director of Finance introduced papers H and H1, providing an update on UHL's compliance with the key financial duties for 2014-15 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 April 2015 Executive Performance Board and the 7 May 2015 Trust Board meetings.

Subject to the on-going audit process, the final year-end accounts were due to be submitted to the Audit Committee on 27 May 2015 and the Trust Board on 7 June 2015 meeting for approval. Members noted that a financial awareness session on the Trust's

cash management arrangements had been scheduled for 4pm that afternoon and the Director of Finance invited members' questions on cash management to be submitted during that session.

On 28 April 2015, the Executive Performance Board had reviewed pay expenditure trends, progress of the cross-cutting CIP theme on workforce, and the summary of financial lessons learned (as presented to IFPIC on 26 March 2015 – Minute 31/15/3 refers). EPB members had particularly noted the scope to use Service Line Reporting (SLR), Service Line Management (SLM) and Patient Level Information Costing System (PLICS) to better effect and improve the processes for developing UHL's business cases. A second financial awareness session would be held in relation to SLR, SLM and PLICS at 4pm on 28 May 2015 and the Trust was planning to participate in a related pilot scheme being led by Monitor.

Resolved – that the briefings on UHL's Month 12 financial performance (papers H and H1) and the subsequent discussion be noted.

45/15/2 Cost Improvement Programme (CIP)

Mr S Barton, Director of Cost Improvement and Future Hospital Operating Model and Ms E MacLellan-Smith, Ernst Young attended the meeting to introduce paper I, providing an update on final delivery of the Trust's 2014-15 CIP and progress of CIP plans for 2015-16. IFPIC members noted that Mr Barton would be attending the whole of future IFPIC meetings in his new role and that this would be the last IFPIC meeting attended by Ms MacLellan-Smith.

As expected, the £45.01m 2014-15 CIP target had been over-delivered by £3.03m and the programme had delivered actual savings of £48.04m. IFPIC members commended this significant achievement, noting the benefits of the Ernst Young management resources and the impact that their robust processes, expertise, support and challenge had brought to the programme.

In respect of the 2015-16 programme, 88% of the target had been identified to date (£35.92m) and a risk-adjusted breakdown of the schemes was provided on page 2 of paper I. In addition to the £41m target, additional cost pressures had been identified which had resulted in an additional £2.3m being added to the target. A "closing the gap" paper had been presented to the Executive Performance Board and agreement had been reached that the Trust would pursue a number of Trust wide and Corporate schemes with a savings potential of £6m.

Quality impact reviews were being undertaken in respect of the 2015-16 CIP schemes and the Acting Chief Nurse and the Acting Medical Director had requested additional clarity in a small number of cases. These were required to be re-presented for approval before the schemes progressed any further.

Discussion took place regarding the embedded Transformation Leads, noting that 6 of the 7 appointments had been made and a further advertisement was in progress for the ITAPS post. An additional cross-cutting CIP theme had been launched in respect of non-pay procurement related savings. The service reviews in 6 loss-making specialties continued and paper I provided a brief summary of the potential savings and progress to date.

The Committee Chair sought and received assurance that the Trust was exploring new areas of potential savings and not just re-visiting the same areas for 2015-16. Ms E MacLellan-Smith commented on improvements in knowledge and understanding of service improvement work, confirming that managers were holding staff to account and moving from "efficiency mode" to developing different models of care and robust demand and capacity plans. The Chief Executive noted the next stage in UHL's development would be to link the quality improvement and cost improvement workstreams through process

improvements and reducing clinical variation.

Resolved – that the Cost Improvement Programme update (paper I) and the subsequent discussion be received and noted.

45/15/3 Overview of the Workforce Cross-Cutting CIP Theme (including updated Workforce Plan)

The Acting Director of Human Resources and the Workforce Development Manager attended the meeting to present paper J, providing the Committee with an update on the Workforce Plan process including the May 2015 submission to the TDA (appendix 1 refers) and an itemised list of the schemes identified under the workforce cross-cutting CIP theme (appendix 2 refers).

Section 2.7 of paper J set out the projected workforce planning movements for 2015-16 and members noted that the TDA submission would be increased by 5 posts to include the small number of workforce related cost pressures approved by the Executive Team. Discussion took place regarding the expected ratio between general CIP schemes and workforce related savings and particular note was made of the fact that a proportion of these savings would be delivered through reductions in premium pay and skill mix changes, rather than traditional headcount reductions.

Section 4.3 of paper J provided the indicative savings identified from the Trust's IView analysis using national payroll data to benchmark the Trust's workforce numbers with peer group Trusts. Focus areas had been highlighted for consideration within the areas of medical, nursing and premium pay. For premium pay expenditure, a target reduction of 10% had been agreed (excluding bank payments) and this would equate to £4m across the Trust. Targets for the medical and nursing workstreams would be agreed within the next 7 days.

Colonel (Retired) I Crowe, Non-Executive Director sought an update on progress with medical job planning reviews, noting that 80% of these had now been completed, but not all of these had been validated and some were not yet available in the required electronic format. The Chief Operating Officer voiced his view that the medical job planning workstream was unlikely to affect the Trust's overall income and expenditure position unless locum usage was reduced in parallel.

In further discussion on the pace of progress with workforce schemes and the enabling workstreams, it was noted that the CMGs were currently mapping their premium pay expenditure against their recruitment trajectories and that confirm and challenge meetings would be held in the near future to verify their workforce plans. The Committee Chair noted the need to review the Committee's calendar of business in order to schedule rotating monthly reviews of the 5 cross-cutting CIP schemes. She requested that Dr P Rabey, Deputy Medical Director and a senior nursing lead be invited to provide updates on the medical job planning and nursing workstreams during the next scheduled review of the workforce theme. **TA** **TA**

Resolved – that (A) the overview of the Workforce cross-cutting CIP theme and the update on the Workforce Plan be received and noted,

(B) the Committee's calendar of business be updated to schedule monthly reviews of the 5 cross-cutting CIP themes with a rotating focus at each meeting, and **TA**

(C) Dr B Rabey, Deputy Medical Director and a senior nursing lead be invited to attend the IFPIC Meeting for the next scheduled review of the Workforce cross-cutting theme. **TA**

45/15/4 2015-16 Contract with Clinical Commissioning Groups and NHS England

The Director of Finance introduced paper L, providing a briefing on the terms of the contracts recently agreed with the CCGs and NHS England. Under the new terms for 2015-16, members noted that elective activity would be remunerated under a traditional payment by results mechanism, which removed the risks regarding RTT delivery and would allow the Trust to repatriate some of the independent sector and out of area activity. Non-elective activity would be subject to a block contract with risk sharing arrangments. There would be no financial penalties for failure to reach agreed trajectories and any automatic penalties would be transacted as they occurred and rebated accordingly. Section 3.1 provided highlights of the specialised commissioning contract with NHS England

The Committee supported the direction of travel, noting that both contracts were due to be signed off formally in the next few days. Both contracts represented a positive outcome for UHL and members noted that the contractual terms would apply for 1 year only. The Chief Executive briefed the Committee on the spirit of the agreements which were intended to provide the necessary headroom to transform services under the Better Care Together Programme. The Committee Chair queried how widespread the level of understanding was in relation to the new contract (eg at CMG level) and noted in response that the Director of Finance was preparing a briefing note for wider circulation and that this was likely to take the form of a frequently asked questions summary. **DF**

Resolved – that (A) the updates on 2015-16 contracts be received and noted, and

(B) the Director of Finance be requested to circulate a briefing note (FAQs) to strengthen the organisation's understanding of the implications of the new contractual arrangements.

46/15 SCRUTINY AND INFORMATION

46/15/1 Executive Performance Board

Paper N provided the notes of the Executive Performance Board meeting held on 24 March 2015. The Chief Executive briefed members verbally on the following issues which were considered at the 28 April 2015 meeting:-

(a) a planned data centre shutdown from midnight on 30 April 2015 until 8am on 1 May 2015 and the detailed contingency planning that had taken place to underpin this exercise (which was required as part of the emergency floor development), and
(b) progress with the development of the 2015-16 Board Assurance Framework, noting that a draft version would be presented to the Board on 7 May 2015 and the final version would be available for the Trust Board meeting on 4 June 2015.

Resolved – that the notes of the 24 March 2015 Executive Performance Board meeting (paper N) and the verbal briefing on issues discussed at the 28 April 2015 be received and noted.

46/15/2 Revenue Investment Committee

Resolved – that (A) the notes of the 13 March 2015 Revenue Investment Committee meeting be received and noted as paper O, and

(B) the cancellation of the 15 April 2015 Revenue and Investment Committee meeting be noted.

46/15/3 Capital Monitoring and Investment Committee

Resolved – that (A) the notes of the 13 March 2015 Capital Monitoring and Investment Committee meeting be received and noted as paper P, and

(B) the cancellation of the 15 April 2015 Capital Monitoring and Investment Committee meeting be noted.

46/15/4 Updated IFPIC Calendar of Business

Paper Q provided the Committee's updated calendar of business for the period 1 January 2015 to 31 March 2016. Subject to the additional items agreed during the course of this meeting, the Committee approved the report and agreed that the calendar of business would be presented to the Committee on a monthly basis as a standing agenda item.

Resolved – that the Trust Administrator be requested to update the IFPIC Calendar of Business to reflect the additional items agreed during the course of this meeting and present the updated calendar of business as a standing agenda item to all future IFPIC meetings. **TA**

47/15 ANY OTHER BUSINESS

47/15/1 Clinical Coding Visit

Mr M Traynor, Non-Executive Director provided feedback from a recent visit to the Clinical Coding department, highlighting the scope to consolidate the locations of this service and significant opportunities to improve the Trust's income position through accurate and appropriate use of clinical coding. He queried whether there would be an opportunity for the Committee to undertake an in-depth review of clinical coding in the near future. The Director of Performance and Information agreed to meet with Mr M Traynor outside the meeting to brief him on plans in place to strengthen the Clinical Coding Service. **DPI**

Resolved – that the Director of Performance and Information be requested to meet with Mr M Traynor outside the meeting to brief him on plans for the clinical coding service. **DPI**

48/15 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 2 April 2015, and **TA/ Chair**

(B) the recommendations contained in Minutes 37/15 and 38/15 be highlighted for the Board's approval.

49/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 28 May 2015 from 9am – 12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.15pm

Kate Rayns,
Acting Senior Trust Administrator

Attendance Record 2015-16

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair)	1	1	100%	R Mitchell	1	1	100%
J Adler	1	1	100%	M Traynor	1	1	100%
I Crowe	1	1	100%	P Traynor	1	1	100%

S Dauncey	1	1	100%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Kerr	1	1	100%	G Smith	1	1	100%
R Moore	1	1	100%	K Shields	1	1	100%
K Singh	1	1	100%				