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: 7 May 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 March 2015

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

- **Emergency Floor – final full business case (Minute 24/15);**
- **Draft Financial Plan 2015-16 (Minute 25/15), and**
- **Working Capital Strategy 2015-16 (Minute 26/15).**

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

- **none**

DATE OF NEXT COMMITTEE MEETING: 30 April 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 26 MARCH 2015 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:
Ms J Wilson – Non-Executive Director (Committee Chair and Acting Trust Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (excluding Minutes 27/15 to 29/15)
Dr S Dauncey – Non-Executive Director
Mr P Traynor – Director of Finance

In Attendance:
Mr C Allsager – Clinical Director, ITAPS (for Minute 30/15/1)
Ms L Bentley – Head of Financial Management and Planning (from Minute 30/15/3)
Mr P Gowdridge – Head of Strategic Finance (for Minute 24/15)
Ms G Harris – Deputy Head of Operations, ITAPS (for Minute 30/15/1)
Mr D Kerr – Interim Director of Estates and Facilities
Ms M MacLellan-Smith – Ernst Young (for Minute 31/15/2)
Mr W Monaghan – Director of Performance and Information
Mrs K Rayns – Acting Senior Trust Administrator
Ms K Shields – Director of Strategy
Mr N Sone – Financial Controller (for Minute 26/15)
Mr M Williams – Non-Executive Director

RECOMMENDED ITEMS **ACTION**

24/15 EMERGENCY FLOOR – FINAL FULL BUSINESS CASE

Further to the Finance and Performance Committee's consideration of the Trust's draft Emergency Floor full business case (Minute 134/14 of 18 December 2014 refers), paper E provided the final full business case and sought the Committee's endorsement prior to submission to the Trust Board on 2 April 2015 and the TDA National Capital Investment Group on 22 April 2015 for final approval. Mr P Gowdridge, Head of Strategic Finance attended the meeting for the discussion on this item and to respond to any queries raised by the Committee.

IFPIC members commented that the business case was well-made and that the recommendations arising from the gateway review had been appropriately incorporated into this final business case. As requested by the TDA, the business case had now been modified to assume the use of Interest Bearing Debt (IBD) instead of Public Dividend Capital (PDC) and this would have an additional revenue impact of £200,000 per annum. However, PDC would remain the Trust's preferred funding option and the eventual funding route would be subject to further discussions with the Independent Trust Financing Facility (ITFF) once the TDA had approved the business case. The Director of Finance provided some contextual information regarding the increasing use of IBD within the wider NHS and he highlighted the potential cumulative impact of such additional costs upon UHL's capital programme and cash management arrangements.

The Committee noted that a letter of support was currently being prepared by the Leicester City Clinical Commissioning Group (on behalf of the 3 LLR CCGs) and that this would be appended to the Trust Board version of the business case.

Responding to a query regarding the derogations for non-HBN compliant room sizes, the

Interim Director of Estates and Facilities reported verbally on the different operating models and their impact upon the size of some treatment rooms. He provided assurance that the maximum variation from the HBN guidance would be 20% and that patient safety considerations had been taken into account for the relevant models of care. He also provided assurance that the project would be strictly managed within the guaranteed maximum price (GMP) and that room sizes would not be increased between the planning and building phases.

Particular discussion took place regarding emergency capacity modelling, activity trends and the future alignment between UHL's Emergency Department and the LRI Urgent Care Centre (UCC). It was agreed that the Trust Board submission would be amended to clarify the patient quality and organisational efficiency benefits of UHL being involved in the provision of the UCC service. The Chief Executive noted an opportunity to discuss the future UCC service provision at a forthcoming Board to Board meeting between UHL and the 3 CCGs on 9 April 2015. **CE**

In respect of the benefits realisation arrangements, it was agreed that relevant benefit "owners" would be nominated for each theme and that performance would be monitored through the Trust's existing budget setting, workforce modelling and financial controls mechanisms. The Director of Strategy advised that a "lessons learned" report on the development of the Emergency Floor business case (and the scale of management resources required) would be presented to a future IFPIC meeting. **DS**

The Committee commended the robust PPI and stakeholder engagement activity and the positive outcome of the Gateway 3 review, recognising the significant contribution made by Ms N Topham, Project Director, Site Reconfiguration in this respect.

<u>Recommended</u> – that (A) the Emergency Floor final full business case be supported for Trust Board approval on 2 April 2015, subject to inclusion of the CCG letter of support and clarity being provided regarding the potential benefits of UHL being involved in the UCC service, **DS**

(B) consideration be given to discussing the future service provision for the LRI Urgent Care Centre at the 9 April 2015 Board to Board meeting between UHL and the 3 LLR CCGs, and **CE**

(C) a report on the lessons learned from the development of the Emergency Floor business case be presented to a future IFPIC meeting. **DS**

25/15 DRAFT FINANCIAL PLAN 2015-16

The Director of Finance introduced paper H providing an update on the progress of UHL's financial plan for 2015-16, and highlighting the current position with commissioning negotiations, income and expenditure assumptions, the draft capital programme, cash requirements, key risks and next steps. He advised that the final plan would be presented to the Committee on 30 April 2015, subject to the conclusion of the ongoing 2015-16 contractual negotiations. **DF**

Dr S Dauncey, Non-Executive Director and Chair of the Quality Assurance Committee commented upon the positive nature of the contractual negotiations and discussion took place regarding the mutual benefits of a less transactional focus, subject to agreement being reached with the TDA regarding the proposed risk sharing arrangements between UHL and the 3 LLR CCGs. The Director of Finance agreed to circulate copies of correspondence between UHL and the CCGs to Trust Board members outside the meeting to sight them to the positive nature of the dialogue that had been taking place. **DF**

IFPIC members also considered the prioritisation process for additional CMG and Directorate cost pressures, and the actions that would be required by other parts of the

LLR health economy to support UHL's delivery of the 2015-16 deficit control total. In respect of section 7.1.4, the Committee Chair sought additional assurance regarding any terms and conditions that might be applied to the contract to mitigate against any changes in planned activity levels from presenting an unacceptable financial risk to the Trust. The Chief Operating Officer highlighted opportunities to segment the overall volume of the contract into elective and non-elective activity and the scope for Commissioners to agree to fund 100% of any RTT and cancer activity required to deliver a fully compliant position. He agreed to liaise with the Director of Finance further on these suggestions outside the meeting.

Recommended – that (A) the draft 2015-16 financial plan be endorsed and recommended for Trust Board approval on 2 April 2015, **DF**

(B) the final 2015-16 financial plan be presented to the IFPIC meeting on 30 April 2015, **DF**

(C) the Director of Finance be requested to circulate copies of correspondence between UHL and its Commissioners in respect of the contractual discussions to Trust Board members for information (outside the meeting), and **DF**

(D) the Chief Operating Officer and the Director of Finance be requested to liaise further outside the meeting regarding technical aspects of the 2015-16 contract (eg potential segmentation between elective and non-elective activity). **COO/ DF**

26/15 WORKING CAPITAL STRATEGY 2015-16

The Financial Controller attended the meeting to introduce a revised version of paper I (which had been circulated in advance of the meeting), seeking the Committee's endorsement of the UHL Working Capital Strategy for 2015-16. He particularly drew members' attention to the Trust's annual external financing requirements to meet its working capital objectives (as set out in section 6.1 of the Strategy) and the 5 new financing facilities now available from the Department of Health Independent Trust Financing Facility (ITFF).

The Financial Controller invited the Committee to endorse the terms of the proposed application for interim Revolving Working Capital (RWC) support, noting that the deadline for submission to the Department of Health would be Monday 30 March 2015 and that the next full Trust Board meeting would be held on Thursday 2 April 2015.

In discussion on the report and the proposed RWC application, IFPIC members:-

(a) sought and received additional information regarding current and future performance against the 30 day Better Payment Practice Code (BPPC) target and the on-line card facility for making payments to the Trust;
(b) received assurance in respect of the Trust's cash management monitoring and reporting regime, noting that satisfactory external audit and internal audit reviews of these processes had been undertaken recently;
(c) agreed that a formal report on the Trust's cash position would be provided to the Committee on a quarterly basis, with an additional focus being maintained through the monthly financial performance reports; **DF**
(d) considered whether the Trust's Standing Orders and Standing Financial Instructions provided sufficient powers to this Committee to endorse the Strategy and the application for RWC support. In response, it was noted that such emergency powers were available to the Chief Executive and the Acting Trust Chair, having consulted at least 2 Non-Executive Directors, and
(e) requested the Financial Controller to circulate a briefing note to all Committee members (following the meeting) confirming the RWC approvals process to maintain an appropriate audit trail. **FC**

Recommended – that (A) the UHL Working Capital Strategy for 2015-16 be endorsed by the Integrated Finance, Performance and Investment Committee (as presented in revised paper I) and the interim Revolving Capital Support Facility (Schedule 1: Conditions Precedent) be endorsed by the Committee as follows:- **DF**

- **the terms of the interim revolving working capital support facility be approved;**
- **the Director of Finance be nominated to execute the agreement;**
- **the Director of Finance be nominated to manage the agreement;**
- **compliance with additional terms and conditions be confirmed;**

(B) the Trust Board be requested to formally ratify the Working Capital Strategy 2015-16, and the above agreements at the 2 April 2015 Trust Board meeting, and **DF**

(C) a briefing note on the above approvals processes be circulated to all IFPIC members to maintain an appropriate audit trail. **FC**

RESOLVED ITEMS

27/15 APOLOGIES AND WELCOME

Apologies for absence were received from Mr G Smith, Patient Adviser, Mr K Singh, Trust Chairman and Mr M Traynor, Non-Executive Director. The Chair welcomed Mr D Kerr, Interim Director of Estates and Facilities to his first IFPIC meeting.

28/15 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.

29/15 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 and Integrated Finance, Performance and Investment Committee meetings.

In respect of Minutes 126/14/4 (a) and (b) of 26 November 2014 – the Director of Finance expressed his disappointment that the expected reports on the Empath business case and future governance arrangements had been deferred from today's agenda and he provided assurance that the Empath management team would be attending the 30 April IFPIC meeting to report on these issues. In discussion on the reasons for the delays, members noted the need for both UHL and NUH to increase their focus on supporting the Empath business case and clarifying their support to the TDA. The Director of Strategy queried whether the delays had arisen as a result of the Empath model concept or the operational management arrangements. In response, it was noted that the concept was generally sound (although there was currently no lead provider) but some mixed messages were emerging from the 2 host Trusts which might have affected progress. The Director of Finance agreed to follow up these concerns outside the meeting. **DF**

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

30/15 STRATEGIC MATTERS

30/15/1 CMG Presentation – Intensive Therapy, Anaesthetics, Pain and Sleep (ITAPS)

Paper C provided an overview of the ITAPS 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 improving performance, eg sleep study provision and reductions in the number of operations cancelled for non-clinical reasons. The Chief Operating Officer reported on progress with the theatres cross-cutting CIP theme, noting that theatre capacity plans had been signed off and agreement had been reached in relation to implementation of the theatres trading model, which would provide greater transparency of theatre staffing costs. He also stressed the importance of the alignment of services and capacity under the ITU reconfiguration workstream. The Director of Finance confirmed that the CMG was close to meeting its 2014-15 financial control total, advising that the main area of variation related to additional RTT activity, where clarity had been provided about the cost of the additional theatre sessions. The CMG's financial plans for 2015-16 were robust and improved links with the other (service user) CMGs were in place.

Mr C Allsager, Clinical Director, ITAPS and Ms G Harris, Deputy Head of Operations, ITAPS attended the meeting at this point and they were invited to highlight the CMG's top 2 or 3 achievements and any areas of additional support that might be required from the Trust Board. In response, the CMG reported on the following issues:-

(a) development of the relatively new CMG management team (over the last 8-10 months) and the aim to achieve high quality patient care within a framework of financial efficiency;
(b) robust performance against the friends and family patient feedback targets;
(c) continued reductions in RTT waiting times;
(d) 2 out of the 3 "excellent" scores attained by the Trust at the last CQC inspection had related to services provided by the ITAPS CMG;
(e) compliance with statutory and mandatory training – ITAPS was currently the best-performing CMG in this respect;
(f) plans in place to mitigate the CMG's financial challenges on a sustainable and recurrent basis;
(g) additional support required with the Theatres cross-cutting CIP theme and the ITU reconfiguration process;
(h) progress with addressing recruitment challenges and the continuing workstream being undertaken in liaison with Ms C Free, Associate Medical Director to address risks relating to identified niche areas where some recruitment issues were causing concern;
(i) a month 11 adverse movement against the financial plan for 2014-15 was attributable to an overspend on Consultants' pay expenditure and unmet theatres CIP schemes arising from the additional RTT activity, and
(j) additional 2015-16 CIP plans were being identified to offset the impact of unmet theatre efficiency schemes. Agreement had been reached with the CMGs regarding the re-sizing of their theatre capacity (with the aim of increasing the number of mid-week sessions and reducing high-cost weekend sessions).

In discussion on the presentation and the issues raised, the Committee:-

(1) queried what would make the most difference to the CMG's 2015-16 financial and operational performance, noting in response that the theatre trading model had now been agreed by all parties and that this would be supported by improved theatre information flows and robust governance arrangements through the Theatres Board;
(2) requested that an update on the cross-cutting theatres CIP scheme be provided to the Committee in July 2015; **COO**

(3) sought and received additional information regarding the arrangements for "left shift" of pain service activity into the Alliance;
(4) queried whether there were any additional risks arising from the transfer of the adult ECMO service into the ITAPS CMG, noting in response that work was continuing to develop the clinical pathways and that the financial implications and budget alignment arrangements were still being worked through. The Clinical Director commented upon national changes for the ECMO service and opportunities for growth in the Trust's market share;
(5) noted the clinical and technical differences between the adult and paediatric ECMO services and received assurance that the CMG was working closely with the Women's and Children's CMG regarding any co-dependencies between the 2 services (eg dual skilled nursing teams);
(6) queried the arrangements within the 2015-16 specialised commissioning contract in respect of additional ECMO activity and whether any marginal rates would be incurred for activity undertaken above the baseline;
(7) received assurance that robust arrangements were being developed as part of the ITU reconfiguration scheme (with input from the ECMO retrievals team) in the event that any patients on the LGH site unexpectedly developed complications requiring stabilisation on site and transferring to an ITU facility on the LRI or GH sites, and
(8) discussed the impact of ITU bed availability and equipment failure upon theatre lists under the new theatre trading model and the scope to smooth elective bookings to support the Trust's emergency flow. The Clinical Director noted the additional decant space that would be provided by the new theatre recovery unit and confirmed that this would have the added benefit of reducing cancelled operations.

The Committee Chair thanked the CMG team for their presentation, recognising the innovative work that was taking place in respect of theatres resources and Consultant job planning. She highlighted opportunities for the whole Trust to learn from the processes followed and the CMG team left the meeting. Following their departure, IFPIC members commented upon the improved operational grip demonstrated by the new CMG management team confirming that the CMG was in a much better position that it had been 12 months previously.

<u>Resolved</u> – that (A) the ITAPS CMG presentation and subsequent discussion be noted, and

(B) a progress report on the Theatres cross-cutting CIP scheme be presented to the 30 July 2015 IFPIC meeting. **COO**

30/15/2 <u>University of Leicester Embedded Space at UHL</u>

Further to Minute 140/14/2 of 18 December 2014, the Interim Director of Estates and Facilities introduced paper D, providing a progress report on the work taking place with the University of Leicester (UoL) to agree a schedule of UHL accommodation occupied by UoL and an appropriate charging mechanism or seek repatriation of the premises by UHL.

IFPIC members were assured that the process would be completed within the next 2 months and that the final agreed schedule would be linked with the Trust's 5 Year Strategy and the Better Care Together Strategy. As a minimum, it was expected that agreements would be put in place to cover UHL's baseline costs via a re-charging mechanism for those areas where UoL expressed a desire to continue occupancy. The quantum of agreed re-charges was estimated to fall in the region of £0.5 to £1m and there did not appear to be any reciprocal arrangements relating to UoL's premises.

It was agreed that the agreed schedule of accommodation and the proposed recharging mechanism would be presented to the 28 May 2015 IFPIC meeting for the Committee's approval. Discussion took place regarding the lack of suitable accommodation for storage and staff rooms within some of UHL's clinical areas and opportunities to repatriate any **IDEF**

unused research offices as clinical space.

Resolved – that (A) the update on UoL embedded space at UHL and the arrangements for development of an appropriate charging mechanism (paper D) be received and noted, and

(B) the Interim Director of Estates and Facilities be requested to present the confirmed schedule of UoL occupied premises and the proposed charging mechanism to the 28 May 2015 IFPIC meeting. **IDEF**

30/15/3 Report by the Director of Facilities

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

31/15 FINANCE

31/15/1 Month 11 Financial Performance 2014-15

The Director of Finance introduced papers F and F1 providing an update on UHL's performance against the key financial duties surrounding 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 24 March 2015 Executive Performance Board and the 2 April 2015 Trust Board meetings. He confirmed that the Trust was still on track to deliver its forecast control total for the 2014-15 financial year. He reported on the progress of local 2015-16 negotiations with the CCGs and advised that the specialised commissioning contract had now been agreed. CIP performance remained strong: plans for 2015-16 were well advanced and integrated CIP planning processes were well-embedded within the CMGs.

In respect of the Capital Programme for 2014-15, a summary of the lessons learned had been included in paper J (minute 31/15/3 below refers). However, the Capital Monitoring and Investment Committee had received assurance that each of the 3 capital groups (monitoring expenditure on estates, medical equipment and IT) would each deliver their year-end control totals, despite a degree of slippage in some schemes. The Committee Chair invited the Interim Director of Estates and Facilities to report on the estates backlog maintenance programme, recognising the challenges that existed in respect of decant ward accommodation to support the ward refurbishment programme. In response, he briefed the Committee on the arrangements for breaking down the capital programme into statutory compliance, business critical, back-office functions and rolling refurbishments and noted the need to link this with the Trust's 5 year strategy, the Better Care Together Programme, site reconfiguration plans and the space utilisation workstream. He also noted the need to provide decant accommodation to support the Trust's programme of deep cleaning wards. Finally, the Committee commented upon the scope to redevelop some "front of house" areas to improve patient and public perception of the Trust.

Pay expenditure trends continued to cause concern as the Trust moved into the 2015-16 financial year and a wide-range of action was being implemented to control premium pay expenditure in the short term and drive improved longer term efficiency through the cross-cutting workforce CIP theme. The Committee Chair sought assurance regarding the Trust's ability to reduce temporary staffing costs in a timely manner following substantive recruitment to vacant posts, noting in response that nursing agency expenditure was reducing although a cost pressure had been highlighted in respect of bank nursing costs. From the medical staffing perspective, significant gaps existed within several rotas and Dr P Rabey, Deputy Medical Director was leading a workstream to strengthen medical productivity and job planning.

Responding to a Non-Executive Director query, the Director of Finance advised that non-

pay expenditure variances were mainly attributable to clinical activity above the planned levels (eg RTT backlog clearance). However, UHL had recently appointed Mr B Shaw as the new Head of Procurement and consideration was now being given to development of a fifth cross-cutting CIP theme relating to procurement for 2015-16.

Resolved – that the briefings on UHL's Month 11 financial performance (papers F and F1) and the subsequent discussion be noted.

31/15/2 Cost Improvement Programmes for 2014-15 and 2015-16

Ms E MacLellan-Smith, Ernst Young, attended the meeting to present paper G, providing the monthly update on CIP performance for 2014-15 and the development of CIP plans for 2015-16. The total value of schemes on the Programme Management Tracking Tool (PMTT) at month 11 was £47.99m with a risk adjusted value of at £47.82m. The Trust was forecast to over-deliver against the £45m 2014-15 CIP target by between £2.5m and £3m.

In respect of the £41m 2015-16 CIP target, the Trust had already identified £34.95m (which equated to 85% of the target). Paper G1 set out the proposed arrangements for delivering the current £6.1m CIP shortfall based on the existing plans for 2015-16. The Chief Operating Officer highlighted opportunities to deliver significant cost improvements through the 4 cross-cutting CIP themes during 2015-16, by reducing reliance upon additional theatre sessions, reducing bed capacity, improving outpatient productivity and workforce productivity and efficiency savings.

The Executive Strategy Board had supported all of the proposed schemes listed in paper G1 on 24 March 2015, with the exception of the final scheme on page 3 of the report (relating to reductions in administrative and clerical staffing hours). These schemes were now being progressed by the relevant leads with support from the embedded CIP Managers within each CMG. The Committee Chair requested that the embedded CMG CIP Managers be invited to attend IFPIC meetings for their respective CMG presentations. **COO**

The Chief Operating Officer reported on the differing challenges being experienced by the 2 worst performing CMGs, providing assurance that their respective RAG ratings were improving on a daily basis. Members noted that the Outpatients Project had been nominated for a Health Service Journal Award and that the Trust's strong CIP performance was considered to be quite unusual within the NHS more generally. The Chief Operating Officer commented upon the scope to increase UHL's 2015-16 CIP target to take account of identified cost pressures.

Finally, the Committee agreed to review the cross-cutting CIP theme relating to workforce issues on 30 April 2015 (instead of the outpatients theme agreed previously). **DF**

Resolved – that (A) the Cost Improvement Programme updates (papers G and G1) and the subsequent discussion be received and noted,

(B) the Chief Operating Officer be requested to arrange for the CMG CIP Managers to attend the IFPIC meetings for their respective CMG performance presentations, and **COO**

(C) a review of the Workforce cross-cutting CIP scheme be presented to the IFPIC meeting on 30 April 2015 (instead of the previously agreed Outpatients theme). **DF**

31/15/3 2014-15 Financial Management and Planning Lessons Learned

Further to Minute 57/14/3 of 28 May 2014, the Director of Finance introduced paper J, setting out the key lessons learned from the 2014-15 financial management and planning processes and highlighting further actions to enhance the robustness of UHL's financial management and planning for future financial years. He particularly noted the scope to improve business case governance and the arrangements for monitoring the actual

outcomes of business cases against the expected outcomes, via a formal reporting mechanism to this Committee. A financial awareness session was planned to be held for Trust Board members on 30 April 2015, following the IFPIC and QAC meetings being held earlier on that day. **DF**

<u>Resolved</u> – that (A) the report on lessons learned from the 2014-15 financial management and planning process (paper J) be received and noted,

(B) the actions identified in appendix 1 to paper J to support improved financial robustness be endorsed, and **DF**

(C) a financial awareness session for Trust Board members be held on 30 April 2015. **DF**

32/15 PERFORMANCE

32/15/1 <u>Month 11 Quality and Performance Report</u>

The Committee supported a suggestion that the operational performance and financial performance items be alternated within the running order on the agenda each month. **TA**

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 28 February 2015. Particular discussion took place regarding the performance metrics for admitted RTT, ambulance handovers, cancer performance, cancelled operations, choose and book slot availability and delayed transfers of care (DTOCS). A recent improvement in DTOC performance was partly attributed to a change in the classification criterion.

In respect of admitted RTT, the Trust's performance against the 92% target for incomplete pathways stood at 96.2% in February 2015, which was ranked the second highest performance amongst UHL's recognised peer group Trusts and within the upper quartile of all hospitals in England. UHL's overall admitted RTT backlog was currently just below 600 cases and work was continuing to reduce this to a more sustainable position (eg 550 cases). It was likely that the Alliance activity would be non-compliant for April 2015 and this might significantly challenge UHL's ability to deliver compliant performance in April 2015 (as planned).

The Chief Operating Officer reported on outline proposals to strengthen the performance management arrangements between UHL and the Alliance (subject to approval at the Alliance Leadership Board meeting during the first week of April 2015). Members noted that a substantive Alliance Director had now been appointed and there was some scope to develop a more proactive approach to validation of patient pathways and access to UHL clinicians through the Alliance contract without hindering the existing level of autonomy within the service. The Chief Operating Officer was requested to escalate any barriers or areas of concern regarding the performance management of the Alliance contract to the Chief Executive without delay. **COO**

The Director of Performance and Information summarised progress in respect of the following key areas:-

- Diagnostics – performance had been achieved in February 2015 and was likely to be achieved in March 2015;
- Cancer 2 week waits – the majority of the internal UHL components had been addressed and performance was much improved. However, the rate-limiting factor appeared to be patient choice and their preparedness for entering the cancer exclusion pathways. Non-Executive Director members were requested to consider raising this issue at a forthcoming meeting between UHL and CCG Non-Executive Directors and Lay Members as a means of increasing CCG support in this area; **Chair/ NEDs**
- Cancer 31 day – the Urology service had been recognised as the most improved

specialty due to their significant progress in reducing backlogs. Compliant performance was forecast to be delivered in April 2015, and

- Cancer 62 day – confirmation was provided that all Cancer Lead Clinicians, Heads of Operations and Clinical Directors had signed up to their respective tumour site trajectories. A compliant position might be achieved (temporarily) in March 2015 but sustainable compliance was not likely to be achieved until July 2015.

The Committee Chair sought and received assurance from the Chief Operating Officer regarding the Trust's preparations for sustaining performance over the forthcoming Easter bank holiday period, noting that the key areas of focus related to (1) UHL's staffing rotas, (2) additional health economy support and (3) access to GP surgeries. Further discussion on these matters was due to take place at the Urgent Care Board meeting later that day.

IFPIC members commended the introduction of a new section on page 8 of paper K, which set out the months in which the respective key performance standards were expected to become compliant, together with a RAG rating and commentary for each standard. The Committee Chair invited members to consider whether the existing mechanism for providing performance exception reports was working effectively and this was confirmed.

Resolved – that (A) the month 11 Quality and Performance report (paper K) and the subsequent discussion be received and noted, and

(B) the Chief Operating Officer be requested to escalate any concerns regarding performance management arrangements within the Alliance contract to the Chief Executive, and **COO**

(C) the Committee Chair and the Non-Executive Director members present be requested to consider raising the issue of patient preparedness for cancer exclusion pathways at a forthcoming meeting between UHL and CCG Non-Executive Directors and Lay Members. **Chair/ NEDs**

33/15 SCRUTINY AND INFORMATION

33/15/1 Executive Performance Board

Resolved – that the notes of the 24 February 2015 Executive Performance Board meeting (paper L) be received and noted.

33/15/2 Revenue Investment Committee

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

(B) the notes of the 13 March 2015 Revenue and Investment Committee meeting be presented to the 30 April 2015 IFPIC meeting.

33/15/3 Capital Monitoring and Investment Committee

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

(B) the notes of the 13 March 2015 Capital Monitoring and Investment Committee meeting be presented to the 30 April 2015 IFPIC meeting.

33/15/4 Tariff arrangements for 2015-16

Resolved – that confirmation of UHL's selected tariff arrangements for 2015-16 NHS activity be received and noted as paper O.

33/15/5 Updated IFPIC Calendar of Business

Paper P 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**

34/15 ANY OTHER BUSINESS

Resolved – that no other items of business were noted.

35/15 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 24/15, 25/15 and 26/15 be highlighted for the Board's approval.

36/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 30 April 2015 from 9am – 12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12noon

Kate Rayns,
Acting Senior Trust Administrator

Attendance Record 2014-15

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair from 29.10.14)	12	11	92%	R Mitchell	12	11	92%
R Kilner (Chair up to 24.9.14)	6	6	100%	P Panchal	5	1	20%
J Adler	12	11	92%	S Sheppard	4	4	100%
I Crowe	12	11	92%	M Traynor	5	4	80%
S Dauncey	5	4	80%	P Traynor (from 26.11.14)	5	5	100%
P Hollinshead	3	3	100%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Kerr (from 26.3.15)	1	1	100%	K Shields	5	4	80%
K Singh	5	4	80%	M Williams	5	3	60%
G Smith	12	11	92%	D Wynford-Thomas (up to 28.2.15)	4	0	0%