

University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 July 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 28 May 2015

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

- **Multi-Storey Car Park – LRI (Minute 50/15)**
- **Updated 5 Year Financial Strategy (Minute 51/15)**

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

- none

DATE OF NEXT COMMITTEE MEETING: 25 June 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 28 MAY 2015 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Voting Members Present:**

Ms J Wilson – Non-Executive Director (Committee Chair)
 Colonel (Retired) I Crowe – Non-Executive Director
 Mr R Mitchell – Chief Operating Officer (excluding Minutes 52/15 to 54/15)
 Mr M Traynor – Non-Executive Director
 Mr P Traynor – Director of Finance

In Attendance:

Mr S Barton – Director of Cost Improvement and Future Operating Model
 Ms L Bentley – Head of Financial Management and Planning
 Ms M Cloney – Assistant Director of Human Resources (for Minute 55/15/3)
 Mr G DiStefano – Head of Strategic Development (on behalf of the Director of Strategy)
 Ms J Edyvean – Head of Operations, ESM (for Minute 55/15/1)
 Mr R Gill – CMG Finance Lead, ESM (for Minute 55/15/1)
 Mr D Kerr – Director of Estates and Facilities (up to and including Minute 55/15/5)
 Ms K Khaira – CMG Human Resources Lead, ESM (for Minute 55/15/1)
 Mr R Kinnersley – Major Projects Technical Director (for Minutes 50/15 and 55/15/6)
 Dr I Lawrence – Clinical Director, ESM (for Minute 55/15/1)
 Mr S Logan – Deputy Head of Operations, ESM (for Minute 55/15/1)
 Mr W Monaghan – Director of Performance and Information
 Mr R Moore – Non-Executive Director
 Mr S Pizzey – Transformation Lead, ESM (for Minute 55/15/1)
 Mrs K Rayns – Acting Senior Trust Administrator
 Ms E Simons – Head of Projects and Programmes, IM&T (for Minute 55/15/2)
 Mr K Singh – Trust Chairman
 Mr G Smith – Patient Adviser
 Ms G Staton – Head of Nursing, ESM (for Minute 55/15/1)
 Ms E Wilkes – Programme Director BCT-UHL (for Minutes 56/15/1 and 56/15/2)

RECOMMENDED ITEMS**ACTION****50/15 MULTI-STOREY CAR PARK – LRI**

The Director of Estates and Facilities and the Major Projects Technical Director introduced paper G, seeking IFPIC approval of the business case for capital investment of £4.5m to build a new multi-storey car park for public use on LRI site.

Members noted that the operational management options would include (a) UHL operated, (b) a commercial car parking operator or (c) Interserve Facilities Management, but for the purposes of the business case, option (a) had been assumed. There would be no requirement to hand over the operation to Interserve under the existing contract. The proposal reflected a net increase of 359 parking spaces with an assumed income of £3,000 per space per year, which would provide a return on investment of 14.6% and a payback period of 6 years 2 months. Subject to approvals and planning, the construction of the car park would be completed towards the end of December 2015 or the beginning of January 2016 and this would significantly improve patient experience by removing the congestion around the Havelock Street car park.

The Committee considered the need for equitable tariffs, which would preserve the parking spaces for hospital users and discourage ad-hoc commuters from using the facility. Opportunities would also be explored to liaise with the Leicester Tigers Stadium to provide

additional parking spaces on match days. Assurance was provided that a detailed analysis of utilisation (by hour) had been undertaken in respect of existing car parking provision and that the estimates provided were conservative in nature. Discussion took place regarding the positive public relations messages surrounding this business case and the Committee sought assurance that appropriate patient and public involvement would be factored in to the project plan.

Resolved – that the business case for the Multi-Storey Car Park on the LRI site be endorsed for Trust Board approval on 4 June 2015 (subject to clarification of the income scenarios and the arrangements for patient and public engagement).

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51/15 UPDATED 5 YEAR FINANCIAL STRATEGY

Further to Minute 38/15 of 30 April 2015, the Director of Finance introduced paper O, seeking the Committee's approval of the UHL 5 Year Financial Strategy prior to consideration by the Trust Board on 4 June 2015. He acknowledged the further work that was required in respect of the risk and scenario modelling and clarification of the estate rationalisation assumptions, advising that a further report would be presented to the 30 July 2015 IFPIC meeting upon completion of this work.

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Recommended – that (A) the updated 5 Year Financial Strategy be endorsed for Trust Board approval on 4 June 2015, and

(B) an updated report be provided to the 30 July 2015 IFPIC meeting upon completion of the additional work on risk and scenario modelling and estate rationalisation assumptions.

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RESOLVED ITEMS

52/15 APOLOGIES AND WELCOME

Apologies for absence were received from Mr J Adler, Chief Executive; Dr S Dauncey, Non-Executive Director, and Ms K Shields, Director of Strategy. The Committee Chair welcomed Mr G DiStefano to the meeting noting that he was attending on behalf of the Director of Strategy.

53/15 MINUTES

Papers A and A1 provided the Minutes of the Integrated Finance, Performance and Investment Committee meeting held on 30 April 2015.

Resolved – that the Minutes of the 30 April 2015 IFPIC meeting (papers A and A1) be confirmed as correct records.

54/15 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 42/15/2 (d) of 30 April 2015 – the Director of Finance briefed the Committee on discussions held between UHL and NUH on the proposal to establish Empath as a stand-alone organisation hosted by a single parent Trust. A further report would be scheduled on the IFPIC agenda for 25 June 2015, and
- (b) Minute 24/15 (c) of 26 March 2015 – a review of the lessons learned from the development of the Emergency Floor business case would be presented to the 25

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June 2015 IFPIC meeting.

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

**NAMED
LEADS**

55/15 STRATEGIC MATTERS

55/15/1 CMG Presentation – Emergency and Specialist Medicine (ESM)

Paper C provided an overview of the ESM 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 Head of Financial Management and Planning briefed the Committee on the CMG's achievement of their 2014-15 control total, noting that this had been re-based and a number of historical issues had been removed. She reported on the current challenges facing the CMG which included an adverse month 1 position (reflecting high levels of agency and premium pay expenditure), and unidentified CIP schemes.

The Director of Performance and Information advised the Committee that ESM was one of the strongest performing CMGs in respect of RTT and cancer performance as they were consistently delivering compliance against the targets in a number of high volume specialties. The Chief Operating Officer advised that the CMG was developing plans to resolve medical productivity issues and reduce premium pay rates. He highlighted the intention to close a number of beds for the summer period and he commented on the strengths of Dr I Lawrence, Clinical Director since he had been appointed to the post in January 2015. He also recognised the significant contributions made by Ms J Edyvean, in the role of Head of Operations but advised the Committee that plans were underway to recruit a new Head of Operations within this CMG.

The CMG team attended the meeting at this point and introductions took place. Recognising the strong operational performance and the ongoing challenges surrounding ED performance, the CMG team was invited to focus on their financial position including pay trends. In response, the CMG briefed the Committee on the following:-

- (a) recruitment plans for 5 key Consultant posts (including the development of shared 50/50 roles between ED and Acute Medicine) in order to address the significant pay overspend within ED. Two Consultants had recently left the Trust in response to an incentive opportunity offered by another Trust and these posts were currently being back filled at a rate of £125 per hour;
- (b) the nursing vacancy rate had also contributed towards the CMG's pay overspend. Whilst international nurse recruitment had been successful, retention of nurses on the care of the elderly wards was disappointing. Therefore the CMG was focusing on maximising the existing workforce by use of bank staff and additional shifts. In addition work was taking place to improve the skill mix, develop new roles and expand the roles of discharge co-ordinators. Good progress had been made with recruitment to the ED nursing workforce, and
- (c) the CMG was developing plans to reduce patient length of stay by 5% and temporarily amalgamate wards 24 and 42, resulting in the closure of 1 ward for a period of approximately 4 months during the summer period.

During discussion on the CMG's presentation, the Committee sought and received additional information on workforce development plans and opportunities to develop new and imaginative roles (eg Physician Associates from the USA). The Trust Chairman highlighted a relevant workstream from the Better Care Together Programme in respect of frail elderly pathway development and he suggested that the presentation slides arising

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from a recent workshop would assist the CMG in this respect.

The Committee Chair queried whether sufficient urgency was being applied to CIP development and in particular the medical and nursing productivity workstreams, noting (in response) that full clinical engagement was being demonstrated in the 9am board rounds and that changes had been embedded to reduce patient length of stay. Assurance was provided that the amount of variation was reducing within medical job plans, their CIP gap was being addressed and that the CMG was focusing on reducing waste and delivering services in a different way. A significant CIP opportunity was also being explored in relation to High Cost Therapy drug expenditure.

Finally, the Committee noted the importance of ensuring that UHL's interests were addressed within the arrangements for the future operation of the Urgent Care Centre at the LRI.

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

(B) the Director of Strategy be requested to provide the CMG with a copy of the Better Care Together slides on the frail elderly pathway development.

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55/15/2 Quarterly Update on IBM Contract

The Head of Projects and Programmes attended the meeting to introduce paper D, providing an update on the services provided by IBM and progress with the major projects that were underway. During the discussion on this item, IFPIC members:-

- (a) noted that a review of the Service Level Agreements within the contract was underway to address any perceived weaknesses (eg IT security);
- (b) noted that section 4 of paper D outlined progress with the Electronic Patient Record (EPR) business case, which was currently awaiting approval by the TDA;
- (c) considered the arrangements for a recent data centre shut down which had been executed according to plan demonstrating robust communications processes and good teamwork;
- (d) received assurance that the ongoing issues with the data warehouse would be resolved in June 2015 and that real time data would be available each day by 9am;
- (e) agreed that the Capital Monitoring and Investment Committee would be reviewing any lessons learned from the role out of EDRM and managed print services prior to any further investment going ahead;
- (f) commented on the absence of IBM support for the e-rostering project, which was a hosted service and was therefore outside the scope of the IBM contract;
- (g) requested that customer satisfaction feedback be collated on a regular basis and reported to IFPIC at least annually;
- (h) sought additional information regarding the most frequent complaints highlighted via the "Gripe Tool" for junior doctors. The Head of Projects and Programmes did not have this information to hand but undertook to locate this information and include it in the update report for the 27 August 2015 meeting, and
- (i) agreed that Committee would benefit from an IM&T awareness training session and requested that arrangements be made for a 1 hour workshop on either 30 July 2015 or 27 August 2015.

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Resolved – that (A) the quarterly update on the IBM contract be received and noted,

(B) the Chief Information Officer be requested to include customer satisfaction feedback and the outputs from the "Gripe Tool" for junior doctors in the next iteration of the report in August 2015, and

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(C) the Chief Information Officer be requested to arrange an IM&T awareness

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training session for Board members to be held at 4pm on either 30 July 2015 or 27 August 2015.

55/15/3 Proposed Changes to Sickness Targets

The Assistant Director of Human Resources attended the meeting to introduce paper E, seeking the Committee's approval of a proposed increase in UHL's sickness absent target from 3% to 3.5% and an adjustment of the associated RAG ratings as set out in Table 5. During a detailed discussion on this item, members noted that the proposal had not been supported at the Executive Performance Board (EPB) on 26 May 2015. Opportunities to establish differential targets between different sectors of the workforce were considered, alongside the impact on staff morale arising from non-compliance with this stretched target. In conclusion, the Committee recommended that the existing sickness target be retained, pending a further review of the potential implications at Executive level.

The Chief Operating Officer advised that the Assistant Director of Human Resources would be leaving the Trust at the end of May 2015 and members particularly commended her work in respect of the Listening into Action programme. The Committee Chair commented that an opportunity had been missed to withdraw this proposal from the IFPIC agenda following the outcome of the 26 May 2015 EPB meeting.

Resolved – that the existing UHL sickness target and RAG-rating thresholds be retained, pending a further Executive level review of the potential implications.

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55/15/4 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.

55/15/5 University of Leicester Embedded Space at UHL

Further to Minute 30/15/2 of 26 March 2015, the Director of Estates and Facilities confirmed that the agreed UHL actions had now been completed and that feedback was currently awaited from the University. The final agreed position would be reported to the 30 July 2015 IFPIC meeting.

Resolved – that the final agreed position in respect of University of Leicester Embedded Space at UHL be reported to the 30 July 2015 IFPIC meeting.

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55/15/6 Lessons Learned from the Development of the Modular Wards Business Case

The Major Projects Technical Director introduced paper F, setting out the lessons learned from the development of the Modular Wards business case and opportunities to develop a culture of continuous improvement in the delivery of capital projects. During the discussion on this item, IFPIC members particularly noted:-

- (a) the changes to the project brief which had necessitated the relocation of Outpatients clinics into the Jarvis Building and the associated impact upon the timescales and cost of the overall project;
- (b) assurance provided in relation to the rationale for the revised project scope, the level of aborted design fees and that appropriate value for money considerations had been taken into account within the revised tendering process;
- (c) the impact of the reduced commissioning period (from 4 weeks to 5 days) and the process for determining the final handover dates within key projects;
- (d) that arrangements were being made to invite the Medical Director and the Chief Nurse to join future IFPIC meetings for the consideration of key business case submissions with effect from June 2015, and
- (e) that future reports on lessons learned from business case development would be

presented to the Capital Monitoring and Investment Committee and any issues would be escalated to the IFPIC on the basis of exception.

Resolved – that (A) the lessons learned from the Development of the Modular Wards business case be received and noted, and

(B) future lessons learned reports be presented to the Capital Monitoring and Investment Committee with any exceptions being escalated to IFPIC as appropriate.

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56/15 INVESTMENT BUSINESS CASES

56/15/1 Intensive Care Reconfiguration

Ms E Wilkes, Programme Director BCT-UHL attended the meeting to present an update on the current progress with the ICU reconfiguration process (paper H refers). An internal briefing paper on the relocation of ICU beds was provided at appendix 1. The Committee discussed the context of providing a safe and sustainable intensive care service and the issues identified through the specialty level confirm and challenges sessions held on 8 April 2015, where each specialty has set out their proposed configuration plans.

In respect of the project critical path set out on page 6 of the report, the Committee noted the risks around meeting the December 2015 deadline and that contingency plans were being developed to extend the intensive care service on the LGH site until May or July 2016 (if required). The Committee Chair requested that an updated timeline for the project be presented to the 25 June 2015 IFPIC meeting, together with assurance on the contingency plans and an appraisal of the recruitment challenges for staffing the additional ICU capacity on the Glenfield and LRI sites. The business case would then be presented to the Committee on 30 July 2015 prior to seeking Trust Board approval on 6 August 2015.

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Resolved – that (A) the update report and discussion on the ICU reconfiguration process (paper H refers) be received and noted,

(B) an update on the ICU reconfiguration scheme be presented to the 25 June 2015 IFPIC meeting, together with assurance on the contingency plans and an appraisal of recruitment challenges, and

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(C) the ICU business case be presented to IFPIC on 30 July 2015 and the Trust Board on 6 August 2015.

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56/15/2 Vascular Service Reconfiguration

Ms E Wilkes, Programme Director BCT-UHL introduced paper I, briefing members on the revised approach towards 'fast tracking' the vascular business case in order to free up additional capacity at the LRI site to improve the pace of the ICU reconfiguration workstream. The business case would now be broken down into 4 separate schemes (Angiography Suite, Vascular Studies Unit, Vascular Ward and Hybrid Theatres) and these individual business cases would be presented to IFPIC on 30 July 2015 and the Trust Board on 6 August 2015. In addition, a feasibility study was planned in respect of delivering the Hybrid Theatre through a Managed Equipment Service (MES) approach.

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Following discussion, the Committee suggested that opportunities for inviting third party scrutiny of the business cases be explored in the absence of requirements for TDA approval.

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Resolved – that (A) the update on UHL's Vascular Service Reconfiguration be received and noted,

(B) separate business cases for the Angiography Suite, Vascular Studies Unit,

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Vascular Ward and Hybrid Theatres schemes be scheduled on the 30 July 2015 IFPIC meeting, and

(C) the Director of Strategy be requested to explore the scope for third party scrutiny of the business cases.

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57/15 FINANCE AND PLANNING

57/15/1 Month 1 Financial Performance 2015-16

The Director of Finance introduced papers J and J1, 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 26 May 2015 Executive Performance Board and the 4 June 2015 Trust Board meetings.

Pay expenditure overspends were noted to be the main driver behind the £0.7m adverse month 1 movement to plan and weekly meetings were being held with each CMG to increase the focus in this area. The Chief Operating Officer emphasised that this increased focus on pay expenditure trends would not detract from the Trust's Quality Commitment (eg nurse staffing levels), but it was intended to improve the ratio between bank and agency staff and reduce the over-reliance upon weekend theatre sessions in the light of the current mid-week cancellation rates.

Mr M Traynor, Non-Executive Director highlighted his concerns regarding the impact of the month 1 deficit in respect of maintaining cash flow and compliance with the Better Payment Practice Code. Mr R Moore, Non-Executive Director noted that pay expenditure trends had been causing concern over the last few months and he queried whether the CMG budget setting process might have been overly-ambitious. In response, the Head of Financial Management and Planning advised that the high levels of agency nursing expenditure had only become apparent during month 1.

The Committee Chair commented on opportunities to refresh the arrangements for managing agency nursing expenditure, advising that the Committee would monitor CMG-level financial performance on a monthly basis through the financial performance report. She requested that a RAG-rated summary be provided within future financial performance reports to support this process.

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Resolved – that (A) the briefings on UHL's Month 1 financial performance (papers J and J1) and the subsequent discussion be noted, and

(B) the Director of Finance be requested to include a RAG-rated summary of financial performance by CMG and Corporate Directorate within future iterations of the financial performance report.

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57/15/2 Cost Improvement Programme (CIP)

Mr S Barton, Director of Cost Improvement and Future Operating Model introduced paper K, providing an update on the development of the 2015-16 Cost Improvement Programme and the arrangements for closing the gap between the value of currently identified schemes (£40.4m) and the new £43m target. A detailed RAG-rated summary of all current schemes was appended to paper K. The report also set out the key risks relating to the bed efficiency and workforce cross-cutting schemes and the actions planned to increase the value of the risk adjusted programme within the next month.

Members noted the work being undertaken in order to quantify the savings arising from the out of hospital workstreams, corporate vacancy controls and received assurance on the Quality Impact Assessment (QIA) processes – a formal report on the QIA process would

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be presented to the Quality Assurance Committee within the next 2 months.

Schemes were currently being developed to support the 2016-17 Cost Improvement Programme and discussions were being held with the IM&T Directorate to identify the arrangements for realising the benefits of the Electronic Patient Record project. Further non-clinical CIP developments were also being pursued through the non-pay procurement and IM&T workstreams.

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

(B) the Director of Cost Improvement and Future Operating Model be requested to present a formal report on the CIP quality impact assessment process to the Quality Assurance Committee within the next 2 months.

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57/15/3 Update on the Workforce Cross-Cutting CIP Theme

Further to Minute 45/15/3 of 30 April 2015, paper L provided a follow-up paper on the key actions, priorities and targets associated with each workstream under the Workforce cross-cutting CIP theme. The Committee commended the rigour with which this CIP scheme was now being progressed, noting the scope to improve the pace of the medical job planning process and address the issues surrounding e-rostering and premium pay expenditure. The Committee Chair requested that confirmation be provided to a future meeting in respect of who would be leading the premium pay expenditure workstream now that Ms M Cloney, Assistant Director of Human Resources was leaving the Trust.

DF

Resolved – that (A) the update on the Workforce cross-cutting CIP theme be received and noted as paper L, and

(B) confirmation of the named lead for the premium pay expenditure workstream be provided to a future meeting.

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57/15/4 Overview of the Theatres Cross-Cutting CIP Theme

The Chief Operating Officer introduced paper M, providing an overview of the 4 pillars within the Theatres cross-cutting CIP theme (right sizing demand and capacity, in-session utilisation, session utilisation and strategic/activity shift opportunities). The Committee welcomed the format of this report to support the Committee's monthly rotating review of the 5 cross-cutting themes. However, it was agreed that a section on the deliverables achieved to date would be incorporated for the next iteration.

COO

The Committee Chair sought additional information regarding the pace of this workstream, what was making the most difference and whether there were any "hidden blockers" which might be preventing progress. In response, the Chief Operating Officer commented upon the process for refining the issues and creating additional time to focus upon them. He provided assurance that sufficient resources were in place to deliver the changes required and advised that he was not aware of any specific barriers which were preventing progress currently.

Resolved – that (A) the overview of the Theatres cross-cutting CIP theme be received and noted as paper M, and

(B) future iterations of the cross-cutting CIP theme reports be amended to increase the focus upon deliverables achieved to date.

COO

57/15/5 Final Annual Operational Plan 2015-16

Further to Minute 37/15 of 30 April 2015, the Head of Strategic Development introduced

paper N, providing a copy of the Trust's final Annual Operational Plan for 2015-16 as submitted to the TDA using the delegated authority provided by the Trust Board on 7 May 2015. Particular discussion took place regarding the ambitious nature of the timescales associated with the Capital Programme, which were subject to the development of individual business cases and the associated approvals process.

The Committee noted that the Strategy Team was currently working on a revised timetable for business cases and that an update on the Trust's Capital Programme would be presented to the 30 July 2015 IFPIC meeting. In addition, a lessons learned review of the AOP process was being undertaken and the outputs would be presented to the Executive Strategy Board (when available).

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Responding to a query from the Committee Chair regarding details of the full range of recruitment and retention strategies (page 6 of the TDA feedback table refers), the Head of Strategic Development undertook to circulate copies of annex E1 to IFPIC members outside the meeting.

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Resolved – that (A) the Final Annual Operational Plan for 2015-16 be received and noted,

(B) a lessons learned review be undertaken and the outputs reported to the Executive Strategy Board, and

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(C) the Head of Strategic Development be requested to circulate copies of annex E1 to IFPIC members for information.

HSD

58/15 **PERFORMANCE**

58/15/1 Month 1 Quality and Performance Report

Paper P 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 April 2015. The Director of Performance and Information also tabled copies of a poster outlining a summary of Leicester's Hospitals performance in respect of emergency performance, cancer performance, cancelled operations, bed availability and 18 weeks access. Particular discussion took place regarding the following areas of performance:-

- (a) admitted referral to treatment (RTT) – there was a good level of confidence that compliant performance would be achieved in May 2015;
- (b) cancelled operations – significant progress had been made for April 2015 and there were no breaches reported (so far) in May 2015;
- (c) diagnostics – consistent delivery had been achieved for April and May 2015 and there were no known risks to future compliance;
- (d) cancer performance – continued challenges in particular tumour sites were being addressed and a more detailed update would be presented to the Committee in June 2015. This was expected to include the outcomes of an audit of patients who had been unable to attend their urgent referral appointments within the 2 week timeframe;
- (e) ambulance handover times – the new data collection mechanism would take effect from 1 June 2015 and this was expected to reduce the handover times to a degree, however the additional workstreams to reduce handover delays were being progressed in parallel. The Trust Chairman provided feedback from his meeting with the EMAS Chair, noting the positive relationship being developed between UHL and EMAS, and
- (f) fractured neck of femur – a substantive report on the arrangements for improving this aspect of clinical care was scheduled on the June 2015 Quality Assurance Committee agenda. Members noted the involvement of the Director of Performance and Information within this workstream and commented upon the importance of strong clinical leadership.

Resolved – that the month 1 Quality and Performance report (paper P) and the

subsequent discussion be received and noted.

58/15/2 Orthodontics and Restorative Dentistry Service

The Chief Operating Officer and the Director of Performance and Information introduced paper Q, providing a briefing report on capacity issues and the management of the planned waiting list for the Orthodontics and Restorative Dentistry service. Following further investigations, a further report would be provided to the Committee on 30 July 2015. Arrangements would also be made for the Quality Assurance Committee Chair (QAC), to review any patient care implications arising from the issues raised.

COO

Resolved – that (A) the briefing paper on capacity issues and the management of the planned waiting list for the Orthodontics and Restorative Dentistry service be received and noted as paper Q,

(B) a further update report be provided to the IFPIC meeting on 30 July 2015, and

COO

(C) arrangements be made for the Quality Assurance Committee to review any patient care implications arising from the issues raised.

COO

59/15 **SCRUTINY AND INFORMATION**

59/15/1 Executive Performance Board

Resolved – that the notes of the 28 April 2015 Executive Performance Board meeting be received and noted as paper R.

59/15/2 Revenue Investment Committee

Resolved – that the notes of the 8 May 2015 Revenue Investment Committee meeting be presented to the 25 June 2015 IFPIC meeting.

59/15/3 Capital Monitoring and Investment Committee

Resolved – that the notes of the 8 May 2015 Capital Monitoring and Investment Committee meeting be presented to the 25 June 2015 IFPIC meeting.

59/15/4 Updated IFPIC Calendar of Business

Paper S 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 confirmed 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.

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60/15 **ANY OTHER BUSINESS**

Resolved – that no other items of business were noted.

61/15 **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 4 June 2015, and

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Chair

(B) the recommendations contained in Minutes 50/15 and 51/15 be highlighted for

the Board's approval.

62/15 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 30 June 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)	2	2	100%	R Mitchell	2	2	100%
J Adler	2	1	50%	M Traynor	2	2	100%
I Crowe	2	2	100%	P Traynor	2	2	100%
S Dauncey	2	1	50%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Kerr	2	2	100%	G Smith	2	2	100%
R Moore	2	2	100%	K Shields	2	1	50%
K Singh	2	2	100%				