

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: 6 August 2015

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 June 2015

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

- None

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

- Minute 68/15/1 – achievements in respect of compliant RTT performance;
- Minute 68/15/2 – cancer performance;
- Minute 68/15/3 – planned waiting list issues, and
- Minute 69/15/2 – overspends in pay expenditure.

DATE OF NEXT COMMITTEE MEETING: 30 July 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 25 JUNE 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
Dr S Dauncey – Non-Executive Director
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance

In Attendance:

Mr C Benham – Director of Operational Finance
Ms L Bentley – Head of Financial Management and Planning
Ms C Blakemore – HR Lead, RRCV (for Minute 66/15/1)
Ms R Chhokar – Finance Lead, RRCV (for Minute 66/15/1)
Ms H Crossley – Transformation Lead, RRCV (for Minute 66/15/1)
Mr D Kerr – Director of Estates and Facilities
Ms S Leak – Head of Operations, RRCV (for Minute 66/15/1)
Ms S Mason – Head of Nursing, RRCV (for Minute 66/15/1)
Ms E MacLellan-Smith – Ernst Young (for Minutes 69/15/6 and 69/15/7)
Mr W Monaghan – Director of Performance and Information (on behalf of the Chief Operating Officer)
Mr N Moore – Clinical Director, RRCV (for Minute 66/15/1)
Mr R Moore – Non-Executive Director
Mrs K Rayns – Trust Administrator
Ms K Shields – Director of Strategy
Mr K Singh – Trust Chairman
Mr N Sone – Financial Controller (for Minute 69/15/3)
Mr G Smith – Patient Adviser (up to and including Minute 68/15/2)

RESOLVED ITEMS

ACTION

63/15 APOLOGIES AND WELCOME

Apologies for absence were received from Mr J Adler, Chief Executive, Mr S Barton, Director of Cost Improvement and Future Operating Model, and Mr R Mitchell, Chief Operating Officer. The Committee Chair welcomed Mr C Benham, Director of Operational Finance to his first IFPIC meeting and introductions took place.

64/15 MINUTES

Papers A and A1 provided the Minutes of the Integrated Finance, Performance and Investment Committee meeting held on 28 May 2015.

Resolved – that the Minutes of the 28 May 2015 IFPIC meeting (papers A and A1) be confirmed as correct records.

65/15 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 55/15/1 of 28 May 2015 – the Director of Strategy provided assurance that the Emergency and Specialist Medicine CMG was fully engaged in the frail elderly workstreams under the Better Care Together Programme and there was no requirement to provide them with copies of the presentation slides on this subject. This action to be closed and removed from the progress log; | TA |
| (b) Minute 55/15/2(b) of 28 May 2015 – the Chief Information Officer had advised that the IM&T awareness session for Board members would be scheduled for 4pm on 27 August 2015; | CIO |
| (c) Minute 56/15/2(b) of 28 May 2015 – the Director of Strategy briefed the Committee on the arrangements in place for seeking external assurance in respect of UHL’s business cases, noting also that the Department of Health was currently considering whether to re-commission the formal Gateway review process; | |
| (d) Minute 57/15/5 of 28 May 2015 – the Director of Strategy confirmed that the outputs of the lessons learned review relating to the Annual Operational Plan for 2015-16 would be presented to a future meeting of the Executive Strategy Board. This action to be closed and removed from the IFPIC progress log, and | TA |
| (e) Minute 78/14(e) of 30 July 2014 – the Director of Finance was due to provide an oral report on the delegated approvals limits for the Alliance Director later in the agenda, and a written paper would be presented to the 24 September 2015 IFPIC meeting. | DF |

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

66/15 STRATEGIC MATTERS

66/15/1 CMG Presentation – Renal, Respiratory and Cardio-Vascular (RRCV)

Paper C provided an overview of the RRCV 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 advised the Committee that this CMG had been consistently delivering robust performance across the range of RTT performance indicators, demonstrating good operational grip and a forensic understanding of their patient pathways. A good response had been provided to particular challenges surrounding 62 day lung cancer performance and progress was being made with the actions put in place to address this issue. He also commented upon the benefits of delivering services from Glenfield Hospital where there were less conflicting pressures affecting the bed base.

The Head of Financial Management and Planning confirmed that the CMG also had a good control of financial performance and was very clear on the actions required to deliver a balanced position in respect of pay expenditure. A number of issues relating to non-pay expenditure were also being explored, but the CMG was expected to deliver its control total again for 2015-16.

The CMG team attended the meeting at this point and introductions took place. The team was invited to focus on any key issues from their presentation slides and identify any areas where additional help or support might be required. In response, the CMG briefed the Committee on the following issues:-

- (a) the process for regularly reviewing both positive and negative patient stories at the CMG Board meetings;
- (b) key achievements in respect of Friends and Family Test scores, staff survey results and the opening of the new Renal Dialysis Unit in Northampton;
- (c) actions to address non-compliance with 62 day cancer targets for lung cancer, which included the development of a Consultant Nurse pathway for mesothelioma and the

appointment of an additional band 4 resource to track cancer patients earlier within their pathways. Members noted the complex nature of some patient pathways and that the tolerance between compliance and non-compliance might be as little as 4 patients in a month;

- (d) a £51k surplus delivered in 2014-15 reflecting over-delivery against the £5.96m CIP target (£6.1m delivered). Despite a £200k overspend in month 2, assurance was provided that the 2015-16 CIP target and year end control totals would also be delivered;
- (e) premium pay expenditure controls – with the exception of the Corby renal unit, the CMG was not incurring any agency nurse expenditure and close scrutiny was being applied to all medical agency premium pay expenditure. In parallel, work was continuing with recruitment in key technical services (where there were national shortages), reviewing junior doctor gaps and development of new roles, and
- (f) progress with strategic transformation schemes, including the recent closure of ward 24, preparations for relocation of Vascular and Renal Transplant services, and the development of patient pathways for heart failure and atrial fibrillation.

During discussion on the CMG's presentation, the Committee:-

- (i) congratulated the CMG on their strong financial and operational performance within the 2014-15 financial year and the current financial year to date;
- (ii) sought and received assurance that the CMG was appropriately supporting small clinical teams, alongside robust monitoring of the related patient outcomes data and internal performance metrics. Members considered some of the factors which had affected performance of the Renal Transplant team previously and noted that assurance had already been provided to the Executive Quality Board and the Quality Assurance Committee on these issues;
- (iii) queried whether there was any reason for an increase in the 12 month rolling staff sickness (March 2015 stood at 4.4%), noting that following a detailed review, no particular reason had been found, although the proportion of junior doctor sickness had increased, as had the proportion of long term sickness;
- (iv) sought and received additional information on the Head of Nursing's personal approach to managing agency nursing expenditure, through a strong leadership culture whilst maintaining safe staffing levels as her top priority. The Committee noted opportunities to share this learning with other CMGs once the substantive Chief Nurse commenced in post at the beginning of August 2015. Noting her experiences as a member of UHL's Director on Call rota, the Director of Strategy queried the scope for developing more of a sharing culture between CMGs in respect of shortfalls in staffing and resources;
- (v) sought additional information regarding the wide range of actions underway to ensure that the Transplant Laboratory was re-accredited within the next 8 weeks;
- (vi) received assurance that premium staffing costs would reduce in line with substantive recruitment to vacant posts, noting that robust arrangements were in place for forward planning and authorisation of medical locum shifts;
- (vii) noted that the adverse non-pay position for month 2 was attributable to additional Cardiology and Catheter Lab activity and some early volatility within the managed service contract for cardiology consumables, and
- (viii) received additional information regarding proposed strategic changes affecting outpatient clinics, eg access to virtual and remote clinics (subject to the arrangements for preparation and transfer of clinical records, prior to the implementation of the Electronic Patient Record system).

The Committee Chair thanked the CMG representatives for their presentation, recognising the good work that was taking place within their CMG and they left the meeting.

Following the departure of the CMG team, members commented upon the strength of the CMG's leadership culture and team working arrangements, noting that the CMG also performed well at their weekly Performance Management sessions. The Director of

Finance advised that the Head of Operations for RRCV was engaged in the workforce cross-cutting CIP theme and the e-Rostering project and her input was valued. The Director of Estates and Facilities noted that the CMG's approach to organisational grip and culture had helped to support a reduction in Clostridium Difficile infections (zero in February and March 2015). Finally, Dr S Dauncey, Non-Executive Director confirmed that the Quality Assurance Committee regularly reviewed reports on the nursing workforce and she commented upon the competitive nature of the current CMG structure which did not necessarily promote a culture of sharing between CMGs.

Resolved – that the RRCV CMG presentation and subsequent discussion be noted.

66/15/2 Report by the Director of Finance

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

66/15/3 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.

66/15/4 Alliance – Update on Governance Arrangements

Further to Minute 78/14(e) of 30 July 2014, the Director of Finance confirmed that the new Alliance Managing Director, Ms T Hooton had taken up her post and that a strategic review of the governance arrangements was currently being undertaken. In parallel, plans for service reconfiguration of Dermatology, Endoscopy and Pain Services were being developed under the planned care workstream of the Better Care Together Programme. The outputs from the governance review and the delegated approvals limits would then be provided to the September 2015 IFPIC meeting.

DF

Resolved – that an update on the Alliance governance arrangements be reported to the 24 September 2015 IFPIC meeting.

DF

66/15/5 Unfunded Cost Pressures 2015-16

The Director of Finance introduced paper D, providing a summary of the identified cost pressures submitted during the 2015-16 financial planning process, the process used for decision making, and the schemes which were eventually funded. The value of the funded schemes was noted to be £3.6m (£3.8m recurrently), which had (in turn) led to a £2m increase in the CIP target and a £1.8m increase in the income target. All funded schemes were consistent with the financial plan, which had already been signed off by the Committee on 28 May 2015 (Minute 51/15 refers).

Colonel (retired) I Crowe, Non-Executive Director sought additional information on the £720k cost pressure associated with ambulance charges. In response, the Director of Finance advised that this expenditure mainly related to additional private ambulances and taxis used to support patient discharge (outside of the CCG-commissioned contact with Arriva). An external review of patient transfers costs had been commissioned and appropriate consideration would be given to the value for money implications as part of the contract renewal process. The Director of Estates and Facilities agreed to speak to the Director of Finance outside the meeting regarding a new entrant to the patient transport market.

DEF

Finally, the Committee Chair queried whether there were any funded cost pressures which the Trust might now hold back upon in light of the month 2 financial performance. In response, the Director of Finance reported on the actions being taken through the Executive Performance Board to develop revised financial recover plans with the CMGs

and Corporate Directorates.

Resolved – that (A) the summary of cost pressures for 2015-16 be received and noted as paper D, and

(B) the Director of Estates and Facilities be requested to provide information on a new entrant to the patient transport market to the Director of Finance outside the meeting.

DEF

66/15/6

Resource Issues Related to Delivery of the Trust's Annual Priorities 2015-16

On behalf of the Chief Executive, the Director of Finance introduced paper E, providing an assessment of the available resources to deliver the Trust's Annual Priorities for 2015-16. Appendix 1 set out the key resourcing risks and mitigation measures against 8 key priorities and appendix 2 provided the full list of strategic objectives and annual priorities for 2015-16. In discussion on the report, IFPIC members:-

- (a) received assurance in respect of appropriate triangulation between efficient use of resources, patient safety and quality of care, noting that a robust quality impact assessment was in place in respect of CIP schemes;
- (b) noted that the current nursing establishment was the highest ever for UHL, given that the position had been affected by high vacancy levels during previous financial years. Regular reports on nursing workforce were presented to the Executive Team, the Nursing Executive and the Quality Assurance Committee;
- (c) commented upon opportunities to cross-check the Board Assurance Framework (BAF) to ensure that the risks highlighted in paper E mapped across to the BAF;
- (d) considered national proposals which might remove minimum staffing levels in future and allow NHS providers to develop more innovative ways of maintaining safe staffing levels, and ways in which the Trust Board could receive assurance in this area;
- (e) highlighted opportunities to strengthen the use of e-rostering for nursing staff and roll the system out to medical staff;
- (f) discussed the resource constraints affecting the development of a UHL Commercial Strategy and opportunities to exploit innovation to expand the Trust's research and development portfolios and increase income generation. The Director of Finance reported on discussions being held with NUH regarding commercial trials, intellectual property rights and exploration of additional funding streams to support such developments;
- (g) agreed that quarterly reports on delivery of the Annual Priorities would be provided to the Trust Board through the Chief Executive's briefing reports;
- (h) noted that a future Trust Board thinking day session would be scheduled on the subject of Innovation and that a decision on the scope to appoint a Director of Innovation would be dependant on whether UHL was selected as part of the TDA's national development programme for improvement and innovation. The Director of Strategy noted that Professor N Brunskill was currently the Trust's Director of Research and Innovation, and
- (i) queried what processes were in place to support CMGs' own decision-making regarding prioritisation of revenue investment within their budget lines. The Director of Strategy agreed to feedback this comment to the Chief Operating Officer for onward discussion at a future Heads of Operations meeting.

CE

DS

Resolved – that (A) the update on resource issues relating to delivery of the Trust's Annual Priorities for 2015-16 be received and noted as paper D;

(B) quarterly reports on delivery of the Trust's Annual Priorities be included in the Chief Executive's reports to the Trust Board, and

CE

(C) the Director of Strategy be requested to liaise with the Chief Operating Officer regarding the arrangements for CMG prioritisation processes within their own

DS

budget lines.

67/15 INVESTMENT BUSINESS CASES

67/15/1 Strategic Business Cases Approvals Process

The Director of Strategy introduced paper F, setting out the approvals process for UHL's reconfiguration business cases. Section 1 outlined the proposed programme for approvals which might be subject to further change, but a monthly summary would be provided to the Trust Board in respect of any changes to the programme. Section 2 provided the draft template to accompany each business case. During the discussion on this item, the following comments were noted:-

- (a) an overview of the business case sequencing would be required for submission to the August 2015 Trust Board meeting, including clarity on whether the business cases were OBC or FBC, breakdowns of capital and revenue funding streams, and the requirements for external approval:- **DS**
- (b) further discussion was required to clarify the Audit Committee's role in the business case review process, but as a minimum this was expected to focus on the outputs of Gateway reviews and value for money considerations within the procurement processes; **AC Chair**
- (c) any significant infrastructure costs within the respective schemes should be separated out into discrete site reconfiguration programmes, and **DS**
- (d) a number of changes were required to the business case template. These included confirmation of the contribution towards the trust deficit reduction, any underpinning assumptions, risks relating to IM&T and training issues, and arrangements for Commissioner sign-off and patient and stakeholder engagement. **DS**

The Committee requested that the updated business case approvals process be presented to the 30 July 2015 IFPIC meeting (for information), noting that the first tranche of business cases would also be considered at that meeting. **DS**

Resolved – that (A) subject to the comments noted above, the proposed programme and accompanying template for consideration of UHL business cases be supported; **DS**

(B) the updated proposals be presented to the 30 July 2015 IFPIC meeting (for information) and the 6 August 2015 Trust Board meeting, and **DS**

(C) further consideration be given to the Audit Committee's role in reviewing strategic business cases. **AC Chair**

68/15 PERFORMANCE

68/15/1 Month 2 Quality and Performance Report

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 May 2015. Particular discussion took place regarding the following key issues:-

- (a) referral to treatment (RTT) – all of the May 2015 standards had been achieved and performance was also on track to be compliant for June 2015. The Trust had recently received revised guidance on the future arrangements for monitoring performance against admitted and non-admitted RTT targets;
- (b) fractured neck of femur – a detailed report on the quality impact of non-compliance with this target was due to be presented to that afternoon's QAC meeting. The Committee requested a detailed performance report to be presented to the 30 July 2015 IFPIC meeting and that attendance by a relevant clinician be invited to attend for this item, and

(c) Emergency Department – performance had continued to improve, despite increasing levels of emergency admissions and a detailed discussion on this issue would be held at the 2 July 2015 Trust Board meeting.

The Committee Chair recognised the significance of UHL achieving all of the RTT targets and requested that feedback be provided to the relevant CMGs accordingly. Members noted the continued high levels of emergency admissions and queried the effectiveness of Commissioners' plans to reduce the number of ED attendances, noting that this issue would be discussed further at the 2 July 2015 Trust Board meeting.

Resolved – that (A) the month 2 Quality and Performance report (paper G) and the subsequent discussion be received and noted;

(B) an update on fractured neck of femur performance be presented to the 30 July 2015 IFPIC meeting with relevant clinical input being invited.

COO

68/15/2

Review of Cancer Performance

The Director of Performance and Information introduced paper H, providing a briefing report on current challenges affecting cancer performance and outlining the reasons behind the recent deterioration. He noted that the number of two week wait referrals had increased significantly whilst the number of confirmed cancer cases had remained fairly static, meaning that additional resources were being expended in tracking these additional patients. In addition, the number of tertiary referrals received by UHL close to (or soon after) their 62 day breach date had increased.

The report highlighted a number of internal factors affecting performance and the actions underway to redeliver sustainable compliant cancer performance by the end of August 2015 or the beginning of September 2015. A robust escalation process had been established to the Director of Performance and Information if any issues affecting a patient's pathway had not been resolved within a 96 hour time period. The East Midlands Inter-Provider Transfer policy was being reviewed in order to standardise practices across the region. Arrangements were also being made to strengthen the reporting mechanism by integrating it with the data warehouse. A meeting had been scheduled with the Chief Information Officer within the next two weeks to agree the IBM prioritisation process for completion of this work.

IFPIC Members requested that consideration be given to inviting a "fresh eyes" review of the actions underway to improve the trajectory towards compliant performance, noting in response that an Intensive Support Team review was scheduled for August 2015.

COO

Resolved – that the briefing paper on cancer performance be received and noted as paper H, and a further update be provided to the IFPIC meeting on 27 August 2015.

COO

68/15/3

Planned Patients

Further to Minute 58/15/2 of 28 May 2015, the Director of Performance and Information introduced paper I, providing a briefing report on some further waiting list issues affecting planned patients in Urology, Allergy, Maxillo-Facial and Endoscopy services. Consequently the scope of the Orthodontics SUI investigation had been extended to include these additional issues.

In discussion on the report, the Audit Committee Chair queried the scope to seek an Internal Audit review of this issue and/or further independent assurance. In response, the Director of Performance and Information briefed the Committee on the arrangements for all General Managers and Heads of Service to review their waiting lists to determine whether the correct processes were being followed. A recent Internal Audit review of UHL's waiting list processes had delivered a "low risk" opinion. However, it was felt that there might be

some merit in arranging for a peer review to be undertaken.

The Committee Chair requested that a further update on planned waiting lists be provided to the 30 July 2015 IFPIC meeting to provide additional assurance on the level of granularity being pursued, confirmation of the arrangements for an independent review and the outcome of the ongoing SUI investigation. Arrangements would also be made for the Audit Committee to review this issue on 3 September 2015.

Resolved – that (A) a further report on planned waiting list issues be provided to the IFPIC meeting on 30 July 2015, and

COO

(B) a review of planned waiting list issues be undertaken at the 3 September 2015 Audit Committee meeting.

**AC
Chair**

69/15 FINANCE AND PLANNING

69/15/1 Month 2 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 23 June 2015 Executive Performance Board and the 2 July 2015 Trust Board meetings.

The £1.5m year to date adverse movement to plan was mainly attributable to a £1.6m overspend in pay. Income and non-pay expenditure were progressing according to plan, reflecting the appropriate nature of the new contract, robust budget setting processes and good compliance with cost controls. In respect of reducing premium pay expenditure, good progress was being made with recruitment to substantive nursing vacancies but medical recruitment was proving problematic in some areas.

An extensive discussion had been held at the 23 June 2015 Executive Performance Board in relation to CMG and Corporate Directorate recovery plans. A follow-up meeting was scheduled with each of the CMGs on 29 June 2015 to review their CIP performance and revised recovery plans. Opportunities to improve the ratio between bank and agency staffing were supported (eg weekly payment terms for staff taking on additional shifts).

Resolved – that the briefings on UHL's Month 2 financial performance (papers J and J1) and the subsequent discussion be noted.

69/15/2 Delivery of the 2015-16 Financial Plan – Actions Required

The Director of Finance introduced paper K, providing a summary of the actions required to reduce costs and ensure delivery of the 2015-16 financial plan (a forecast year end deficit of £36.1m). The Committee received assurance that each of the actions had a named lead for implementation and that sufficient emphasis was being applied to the CMG recovery plans and the cross-cutting workforce themes.

In discussion on this item, members commented upon opportunities to seek further efficiencies from the well-performing CMGs and to strengthen the resources and lead accountability arrangements for the workforce related workstreams. A follow up report would be presented to the 30 July 2015 IFPIC meeting.

DF

Resolved – that the summary of actions required to deliver the 2015-16 financial plan be received and noted as paper K and a further progress report be provided to the 30 July 2015 IFPIC meeting.

DF

69/15/3 Update on Working Capital Strategy

The Financial Controller attended the meeting to present paper L, providing the first of a series of regular briefing reports on the Trust's performance against each of the 5 objectives which formed part of the 2015-16 working capital strategy. The Committee received and noted the report, commenting upon the scope to improve performance against the Better Payment Practice Code (BPPC) and separate out the issues currently affecting BPPC (eg financial processes, wider organisational issues, and cash flow). The Committee also considered opportunities to segregate the capital and current account balances within future iterations of this report.

DF

Resolved – that the update on the working capital strategy be received and noted as paper L.

69/15/4 Capital Expenditure 2015-16

The Director of Finance introduced paper M, providing a progress report against the capital expenditure plan for 2015-16, noting that the annual capital plan had been reduced from £122m to £107m based upon advice received from the TDA relating to the challenging timescales for submission of business cases for externally funded schemes. Section 2.3 of paper M detailed the recent movement in externally funded schemes, noting that the reduction of £19.8m was offset by £5m being included within the Managed Equipment Service (MES) contract.

Resolved – that the progress report on the 2015-16 capital expenditure programme be received and noted as paper M.

69/15/5 Draft Reference Costs Submission

The Director of Finance introduced UHL's draft reference cost submission (paper N refers) and advised that the deadline for submission of the final return would be 29 July 2015. The self-assessment quality checklist was provided at appendix 1. Noting the deadline for submission of the final return would be on or before 29 July 2015, the Committee provided delegated authority to the Director of Finance to finalise and submit the return on behalf of the Trust. A copy of the finalised return would then be presented to the Committee for completeness.

DF

Resolved – that (A) delegated authority be provided to the Director of Finance to finalise and submit UHL's reference cost submission, and

DF

(B) a copy of the finalised return be submitted to a future IFPIC meeting.

DF

69/15/6 Cost Improvement Programme (CIP) 2015-16

Ms E MacLellan-Smith, Ernst Young introduced paper O, 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 (£40.6m) and the new £43m target. Appendix A provided a RAG-rated summary of all current schemes. The report also set out the key risks affecting CIP performance and the actions planned to increase the value of the risk adjusted programme within the next month.

Discussion took place regarding the formal weekly review and additional support being provided to the CHUGGS CMG and recent improvements in the ESM CMG's position. The final Transformation Manager had now been appointed (in ITAPS) and Ernst Young continued to support the cross-cutting workstreams. A further batch of CIP quality impact assessments was expected to be signed off by the Acting Chief Nurse and Acting Medical Director on 26 June 2015 prior to submission to Commissioners on 29 June 2015. Members noted that a particular focus on the service reviews would be provided to the 30 July 2015 IFPIC meeting.

Mr M Traynor, Non-Executive Director sought and received additional information on the Corporate CIP scheme COR81 relating to travel and expenses, noting that some CIP schemes were currently RAG-rated as red as they had only recently been identified and were still being validated. The Director of Finance briefed members on the potential efficiency savings that might be achieved through implementation of any electronic expenses system. He also advised that UHL would be one of the 10 Trusts participating in the second wave of Lord Carter's review of operational productivity in NHS providers.

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

(B) a specific focus on the service reviews be presented to the 30 July 2015 IFPIC meeting.

COO

69/15/7 Overview of the Outpatients Cross-Cutting CIP Theme

Paper P provided a summary of progress with the OPD cross-cutting CIP theme which covered a cohort of 27 specialties and was expected to deliver savings in the region of £2.3m by standardising clinic templates, improving booking slot utilisation, reducing DNAs (Did Not Attend), and improving the new to follow up ratios. A Programme Board had been convened which met on a fortnightly basis and focused alternately on CIP delivery and quality outcomes. The Committee commended the governance process associated with this cross-cutting CIP theme and noted the need to review (and challenge where necessary) CMG-level outpatient performance during the monthly CMG presentations.

**IFPIC
Chair**

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

(B) CMG-level outpatients performance be reviewed and challenged during CMG presentations at future IFPIC meetings.

**IFPIC
Chair**

70/15 **SCRUTINY AND INFORMATION**

70/15/1 Executive Performance Board

Resolved – that the notes of the 26 May 2015 Executive Performance Board meeting be received and noted as paper Q.

70/15/2 Revenue Investment Committee

Resolved – that the notes of the 8 May 2015 Revenue Investment Committee meeting be received and noted as paper R.

70/15/3 Capital Monitoring and Investment Committee

Resolved – that the notes of the 8 May 2015 Capital Monitoring and Investment Committee meeting be received and noted as paper S.

70/15/4 Updated IFPIC Calendar of Business

Paper T 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

TA

future IFPIC meetings.

71/15 ANY OTHER BUSINESS

Resolved – that no other items of business were noted.

72/15 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 July 2015, and

TA/
Chair

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

- Minute 68/15/1 – achievements in respect of compliant RTT performance;
- Minute 68/15/2 – cancer performance;
- Minute 68/15/3 – planned waiting list issues, and
- Minute 69/15/2 – overspends in pay expenditure.

73/15 DATE OF NEXT MEETING

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

(B) the schedule of meeting dates for 2016 be approved as presented in paper U, subject to 22 December 2016 being the Committee's preferred date for December 2016.

Post meeting note: the timing of the 30 July 2015 meeting was subsequently amended to 12.30pm to 3.30pm to enable IFPIC members to attend another key meeting at 9.30am on the same date.

The meeting closed at 12.39pm

Kate Rayns,
Acting Senior Trust Administrator

Attendance Record 2015-16

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair)	3	3	100%	R Mitchell	3	2	66%
J Adler	3	1	33%	M Traynor	3	3	100%
I Crowe	3	3	100%	P Traynor	3	3	100%
S Dauncey	3	2	66%				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Kerr	3	3	100%	G Smith	3	3	100%
R Moore	3	3	100%	K Shields	3	2	66%
K Singh	3	3	100%				