


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: 5 May 2016

COMMITTEE: Integrated Finance, Performance and Investment Committee

CHAIR: Mr M Traynor, Non-Executive Director

DATE OF COMMITTEE MEETING: 24 March 2016

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

- **Minute 25/16/1 – workforce update and the Committee’s recommendations to:-**
 - (A) establish a task and finish group to support the development of a partnership approach with local training providers in order to increase the number of nurses entering the profession through self-funded courses, and**
 - (B) review and refresh risk 10 on the Board Assurance Framework (a caring, professional and engaged workforce).**

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

- **Minute 29/16/1 – presentation by the Women’s and Children’s CMG;**
- **Minute 30/16/1 – month 11 financial performance;**
- **Minute 30/16/3 – 2016/17 planning;**
- **Minute 30/16/5 – Lord Carter Review;**
- **Minute 31/16/2 – demand and capacity planning for 2016-17;**
- **Minute 31/16/3 – cancelled operations and re-booking process, and**
- **Minute 31/16/4 – Alliance financial and operational performance.**

DATE OF NEXT COMMITTEE MEETING: 28 April 2016

**Mr M Traynor
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 24 MARCH 2016 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:

Mr M Traynor – Non-Executive Director (Committee Chair)
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (excluding Minute 31/16/1)
Mr P Traynor – Chief Financial Officer

In Attendance:

Mr C Benham – Director of Operational Finance
Ms E Broughton – Head of Midwifery/Head of Nursing, Women’s and Children’s CMG (for Minute 29/16/1 only)
Mr G DiStefano – Head of Strategic Development (on behalf of the Acting Director of Strategy)
Ms L Gallagher – Workforce Development Manager (for Minute 25/16/1 only)
Ms M Gordon – Patient Adviser
Mr A Johnson – Non-Executive Director
Ms H Mather – Interim Alliance Director (for Minute 31/16/4 only)
Ms E MacLellan-Smith – Ernst Young (for Minutes 30/16/4 and 30/16/5 only)
Mr W Monaghan – Director of Performance and Information
Mr R Moore – Non-Executive Director
Mrs K Rayns – Trust Administrator
Mr I Scudamore – Clinical Director, Women’s and Children’s CMG (for Minute 29/16/1 only)
Mr K Singh – Trust Chairman
Mr D Yeomanson – Head of Operations, Women’s and Children’s CMG (for Minute 29/16/1 only)

RECOMMENDED ITEMS

ACTION

25/16 STRATEGIC MATTERS

25/16/1 Workforce Update

The Workforce Development Manager attended the meeting to introduce paper J, providing the monthly overview of a range of workforce-related datasets. She particularly highlighted disappointing progress with nurse recruitment between February 2015 and February 2016, despite the investment in international recruitment processes. Figure 1 advised that the total number of qualified nursing and HCA vacancies had risen from 444.7 in December 2015 to 477.4 in February 2016. Section 4 of paper J provided an overview of bank and agency usage and performance against the agency caps. The Committee welcomed the detailed information on the potential impact of the Apprenticeship Levy due to be implemented in April 2017 and the Q&A sheet provided at appendix 2.

At the 25 February 2016 IFPIC meeting, the Committee had requested a breakdown of the reported 135 additional non-clinical appointments. Following further analysis, it was confirmed that these posts principally reflected the Trust’s additional investment in roles such as Clinic Co-Ordinators, Waiting List Co-Ordinators and Patient Pathway Co-Ordinators, to support improvements in patient flows.

In discussion on the workforce update report, IFPIC members:-

- (a) commented upon the age profile of the Trust’s existing nursing workforce (noting that approximately one third were over the age of 50) and the various options being pursued to increase nurse recruitment rates;

- (b) suggested opportunities to increase local nurse training capacity to address the deficit in newly qualified nurses;
- (c) noted that a bid for additional Health Education East Midlands (HEEM) funding was being prepared, but that the Trust's ability to provide sufficient numbers of clinical placements might prove to be a rate-limiting factor;
- (d) received a progress report on joint LLR workforce planning workstreams and the aim to create additional workforce fluidity between UHL and the wider health economy;
- (e) noted that the Trust had been strongly represented at a HEEM health and social care careers fair held in March 2016 and that a number of Health Ambassadors had been trained to visit schools and careers fairs to promote careers in healthcare;
- (f) recommended that a task and finish group be established with a view to developing a partnership approach with local training providers in order to increase the number of nurses entering the profession through self-funded courses. The Committee Chair highlighted a model implemented by the Lancashire Teaching Hospital Foundation Trust which was working with the University of Bolton on such an initiative;
- (g) queried the Trust's strategy for increasing nursing workforce within the context of the 5 Year Workforce Plan and opportunities to raise the profile of the associated challenges at Board level. A discussion on this matter was provisionally scheduled for the July 2016 Trust Board thinking day, and
- (h) requested the Director of Workforce and Organisational Development to review and refresh risk 10 on the Trust's Board Assurance Framework (a caring, professional and engaged workforce).

Recommended – that (A) the Workforce Update report (paper J) and the subsequent discussion be noted, and

(B) the Chief Nurse be requested to establish a task and finish group to explore the development of a partnership approach with local training providers in order to increase the number of nurses entering the profession through self-funded courses, and

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(C) the Director of Workforce and Organisational Development be requested to review and refresh risk 10 on the Trust's Board Assurance Framework (a caring, professional and engaged workforce).

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RESOLVED ITEMS

26/16 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive; Mr S Barton, Director of CIP and Future Operating Model; Professor A Goodall, Non-Executive Director, and Ms H Seth, Acting Director of Strategy.

27/16 MINUTES

Resolved – that the Minutes of the 25 February 2016 IFPIC meeting be confirmed as a correct record.

28/16 MATTERS ARISING

Paper B detailed the status of all outstanding matters arising from previous Integrated Finance, Performance and Investment Committee (IFPIC) meetings. The Committee particularly noted the updated timescales for progressing the following items:-

- (a) **Minute 17/16/1(b) of 25 February 2016** – information on the proportion of additional non-clinical posts which supported clinical activity was provided within the Workforce update (Minute 25/16 /1 above refers);
- (b) **Minute 17/16/3 of 25 February 2016** – the review of BAF risk 11 (Estates Infrastructure Capacity) had been deferred to the 28 April 2016 meeting at the

- request of the Director of Estates and Facilities. The IFPIC Chair requested that no further slippage be incurred on this important issue; DEF
- (c) **Minute 17/16/6(a) of 25 February 2016** – the BAF entry for risk 18 (Electronic Patient Record) had been refreshed and a report would be provided to the 28 April 2016 IFPIC meeting; CIO
- (d) **Minutes 21/16/1(a), (b) and (c) of 25 February 2016** – the Chief Operating Officer undertook to seek an update on the progress of actions arising from the ITAPS CMG presentation to inform the 28 April 2016 IFPIC meeting; COO
- (e) **Minute 3/16(a) of 28 January 2016** – the Chief Financial Officer advised that the Capital Monitoring and Investment Committee was due to undertake the post-implementation review of the Da Vinci Robot on 15 April 2016 and a Board awareness session would then be scheduled on this topic; CFO
- (f) **Minute 123/15(c) of 26 November 2015** – the estates ‘route map’ was currently being developed and was likely to be available for consideration at the 28 April 2016 IFPIC meeting. The IFPIC Chair requested that no further slippage be incurred on this important issue, and DEF
- (g) **Minute 100/15/3 of 24 September 2015** – an update on Alliance workforce planning was provided within paper N which featured later in the agenda (Minute 31/16/4 refers) and this action was now considered complete.

The Committee Chair noted that due to the volume of business that had been deferred to the 28 April 2016 IFPIC meeting, it might be necessary to start that meeting at the earlier time of 8.30am.

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

NAMED LEADS

29/16 CLINICAL MANAGEMENT GROUP PRESENTATION

29/16/1 Women’s and Children’s

The Women’s and Children’s CMG management team introduced a slide presentation (previously circulated as paper C), providing an overview of their current financial and operational performance, key risks, achievements and areas where additional Trust Board support would be welcomed. During the presentation, IFPIC members:-

- (a) received an overview of the safe, caring, well-led and responsive performance indicators, noting that C section rates were no longer considered to be a good quality measure and that this performance metric was being removed from the Commissioner’s dashboard going forwards;
- (b) noted the robust approach adopted in relation to improving appraisals rates and the expectation that the 95% target would be achieved with effect from March 2016;
- (c) queried the prioritisation process for cancellation of elective surgery in the context of emergency activity pressures, noting in response that a cross-CMG scoring mechanism was now in place which defined the 4 levels of clinical priority across all specialties;
- (d) sought and received feedback on the Electronic Document Records Management (EDRM) pilot implemented in Paediatrics. The Chief Information Officer was requested to report on the key learning points to the 28 April 2016 IFPIC meeting; CIO
- (e) reviewed the challenging financial position associated with income pressures and high levels of premium pay expenditure. The CMG was forecasting to deliver an adverse variance to plan of £1.793m;
- (f) commended the successful delivery of the 2015-16 cost improvement target and noted the ongoing challenges surrounding identification of substantial savings opportunities for 2016-17;
- (g) received an update on recruitment, noting that midwife vacancies had significantly reduced and some progress had been made with recruiting paediatric nurses. Medical staffing gaps had reduced, but there were still significant challenges associated with recruitment to key specialties (eg Paediatric Neurology);

- (h) noted the current challenges associated with maintaining a Consultant presence on the delivery suites in the context of long-term sickness and re-deployment of staff to other duties following injury;
- (i) noted that a task and finish group had been established to review winter capacity plans for 2016-17 and that this would include the arrangements for adjusting the profile of elective capacity during the summer months to build resilience to cope with winter pressures. The associated action plan would be shared with IFPIC members (when available), and
- (j) discussed the importance of structural reconfiguration and the arrangements for finalising the business case for the Children's Hospital in order to inform the forthcoming charitable fundraising campaign. The Head of Operations advised that Architects were being interviewed that week and that the Director of Marketing and Communications was the SRO for the project. The Clinical Director suggested that it would be helpful for the IFPIC Chair to discuss the alignment between the business case and the fundraising campaign with the Director of Marketing and Communications (outside the meeting).

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W&C

IFPIC
Chair

Resolved – that (A) the CMG presentation (paper C) and the subsequent discussion be noted;

(B) the Chief Information Officer be requested to report to the April 2016 IFPIC meeting on the key lessons learned from the implementation of the Electronic Document Records Management pilot in Paediatrics;

CIO

(C) the Head of Operations, Women's and Children's be requested to share the action plan to strengthen the CMG's clinical capacity for winter 2016-17 with IFPIC members outside the meeting (when available), and

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W&C

(D) the IFPIC Chair be requested to liaise with the Director of Communications and Marketing (outside the meeting) regarding the arrangements for alignment between the Children's Hospital business case and the fundraising campaign.

IFPIC
Chair

30/16 FINANCE AND PLANNING

30/16/1 Month 11 Financial Performance and Forecast 2015-16

Paper D updated IFPIC on performance against the Trust's key financial duties, including delivery against the planned deficit and achieving the External Financing Limit (EFL) and Capital Resource Limit (CRL) as at the end of February 2016. IFPIC members noted an in-month positive variance of £0.7m against plan, with a year to date adverse variance of £0.8m. Capital expenditure for the year to date was £40.2m (against a plan of £42.4m) and 2015-16 CIP delivery year to date stood at £39.1m (£0.8m adverse to plan). In discussion on paper C, the Committee:-

- (a) noted that the in-month positive variance had been achieved through the planned release of provisions and a range of technical accounting adjustments and sought assurance that such measures were fully compliant with NHS financial policies and procedures. In response, the Director of Finance briefed the Committee on the re-valuation of the Trust's capital assets which would, in turn, affect the calculation of depreciation within the year-end accounts for 2015-16. He provided assurance that the actions were fully compliant with national guidance and that KPMG (the Trust's External Auditors) would be auditing this process and reporting to the Audit Committee on their findings;
- (b) queried the impact of the planned provisions and technical adjustments upon the Trust's financial position for 2016-17 and beyond. In response, the Chief Financial Officer advised that, whilst some of these actions were considered to be "once only" events, others could be undertaken on a recurrent basis. Assurance was provided that there were no specific actions being taken in the 2015-16 financial year which might damage the Trust's financial stability in future years;

- (c) considered the key risks surrounding delivery of the 2015-16 financial plan (as set out in section 4.11 of paper C) and the arrangements for improving the Trust's run-rate moving into the 2016-17 financial year;
- (d) received assurance that the Capital Monitoring and Investment Committee would be managing the Trust's capital programme appropriately to deliver the expected outturn;
- (e) noted that the Trust's External Financing Limit and Capital Resource Limit were likely to be compliant at the end of March 2016 (once the Trust drew down on the agreed £10m Interim Capital Support Load for the emergency floor), and
- (f) discussed national financial benchmarking data for 2015-16 and considered UHL's financial outlook for 2016-17, including the scope to reduce the financial deficit to below £10m, subject to achievement of the criteria for Sustainability and Transformation Funding (STF).

Resolved – that (A) the month 11 Financial Performance report (paper D) and the subsequent discussion on this item be received and noted, and

(B) feedback from the External Audit review of financial provisions and technical adjustments applied within the 2015-16 Annual Accounts be provided to the Audit Committee on 25 May 2016.

CFO

30/16/2 Confidential Report by the Chief Financial Officer

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

30/16/3 2016-17 Planning

Further to Minute 17/16/2 of 25 February 2016, the Head of Strategic Development introduced paper F, providing the second draft version of UHL's 2016-17 Operational Plan. The draft income and expenditure plan and draft capital plan were provided as appendices 1 and 3 (respectively). IFPIC members noted some of the key areas where further development was required, eg financial impact of contractual negotiations, activity and capacity modelling and workforce planning. Notwithstanding this additional work, and subject to the inclusion of information relating to the Biomedical Research Centre and the Children's Hospital development, the draft Operational Plan was supported for submission to the Trust Board on 7 April 2016. A further submission would then be made to the April 2016 IFPIC meeting and the May 2016 Trust Board meeting.

HSD/
CFO

In discussion on paper F, the Committee suggested that it would be helpful to extract the key messages from the planning documentation and commence relevant communications exercises with patients, staff and stakeholders (including the Patient Engagement Forum).

HSD/
CFO

Resolved – that (A) the draft 2016-17 Operational Plan and the associated appendices be supported for presentation to the Trust Board on 7 April 2016;

HSD/
CFO

(B) a further iteration of the 2016-17 Operational Plan be presented to the IFPIC and Trust Board meetings on 28 April 2016 and 5 May 2016 (respectively), and

HSD/
CFO

(c) consideration be given to extracting the key messages from the planning documentation to commence relevant communications exercises with patients, staff and stakeholders (including the Patient Engagement Forum).

HSD/
CFO

30/16/4 Cost Improvement Programme

Paper G1 provided the monthly update on progress of the 2015-16 CIP programme and set out progress in relation to development of the 2016-17 programme. The forecast outturn for 2015-16 had increased to £43.137m (against the £43m target) and all CMGs were committed to delivering their forecast savings. The Committee noted the on-going risks in relation to cancellation of elective activity due to emergency pressures and

considered the learning points for 2016-17 in respect of phasing of schemes and the need to increase the proportion of recurrent schemes.

In respect of 2016-17, the total of identified schemes remained at £31m (against the indicative target of £41.4m) but the proportion of schemes RAG-rated as green had almost doubled in the last month (£14.353m or 53%). Discussion took place regarding opportunities to increase the proportion of savings delivered through cross-cutting schemes and arrangements to up-skill staff in areas of quality improvement management and Lean processes. It was also noted that the Trust was developing more ambitious cost improvement plans relating to service transformation and new models of care. Proposals were due to be presented to the 12 April 2016 Executive Strategy Board in this respect. Confirmation of the likely range for the 2016-17 savings target would be provided at the 28 April 2016 IFPIC meeting.

CE/CFO

Paper G2 provided an update on the Theatres cross-cutting CIP theme as at the end of February 2016, noting a forecast outturn of £1.1m based on improvements in theatre utilisation and enhanced processes on the day of surgery. A further £1.5m of efficiency gains would be delivered by bringing up to 1477 premium (out of hours) operating sessions into normal operating hours.

Resolved – that (A) the CIP progress report and cross-cutting Theatres CIP update be received and noted as papers G1 and G2, and

(B) confirmation of the 2016-17 cost improvement target be provided at the 28 April 2016 IFPIC meeting.

CE/CFO

30/16/5

Lord Carter Review – Publication of Final Report

Further to Minute 4/16/6 of 28 January 2016, paper H briefed the Committee on the Trust's involvement in Lord Carter's review of "operational productivity and performance in English NHS acute hospitals: unwarranted variations" and UHL's progress to date against the recommendations contained in the final report (as published on 5 February 2015). In discussion on the report, IFPIC members:-

- (a) queried whether (under recommendation 6) the 52.1% of UHL's space that was deemed to be occupied by non-clinical services was inclusive or exclusive of leased accommodation – the Director of Estates and Facilities was requested to clarify this point at the 28 April 2016 IFPIC meeting. Mr A Johnson, Non-Executive Director also commented that occupied area data would be more helpful if provided in square metres as well as percentages in future reports. Colonel (Retired) I Crowe, Non-Executive Director commented upon the backlog maintenance programme which might render some parts of UHL's estate unusable. He also highlighted opportunities to reduce occupied space through use of 'hot desking'. Substantive reports on the estates infrastructure, utilisation and the estates 'route map' were provisionally scheduled on the 28 April 2016 IFPIC agenda;
- (b) noted that progress against recommendation 11 would be shaped by the outputs of the Better Care Together Programme and NHS Improvement workstreams;
- (c) expressed disappointment at the 2017-18 timescale for responding to recommendation 3 – implementation of a Hospital Pharmacy Transformation Programme, noting assurance provided by the Chief Financial Officer that the OptiMeD ID pilot and business case development would continue to be progressed in parallel and that the 2017-18 date referred to completion of the programme's roll-out, and
- (d) noted progress with the review of back-office corporate and administrative functions. The Chief Financial Officer confirmed that benchmarking data for each corporate function would be used to inform this review.

Ms E MacLellan-Smith from EY had remained for the discussion on this item and she confirmed the intention to integrate the Carter checklist into UHL's cost improvement programme going forwards, with the aim of retaining the strong branding that had been

created by the review.

Resolved – that (A) the update report on progress against the recommendations arising from the Lord Carter Review be received and noted as paper H, and

(B) the Director of Estates and Facilities be requested to clarify whether the non-clinical occupied space data was inclusive or exclusive of off-site leased accommodation.

DEF

30/16/6 Non-Urgent Patient Transport

Further to Minute 77/15 of 30 July 2015, paper I described the arrangements for a time-limited working group to identify the cost improvement opportunities relating to non-urgent patient transport. Members noted that under the terms and conditions of the NHS contract, the CCGs were responsible for commissioning such additional transport and these costs would therefore be re-charged as ‘pass through’ costs by UHL in future.

Resolved – that the briefing report on non-urgent patient transport be received and noted as paper I.

31/16 **PERFORMANCE**

31/16/1 Month 11 Quality and Performance Report

Paper K provided an overview of UHL’s quality, patient experience, operational targets, and HR performance against national, regional and local indicators for the month ending 29 February 2016. The Director of Performance and Information updated the Committee on good progress with diagnostics performance and cancer 2 week waits. He also highlighted reductions in the backlogs for 62 day and 31 day cancer treatments.

Particular discussion took place regarding the significant psychological impact of cancelling cancer operations, a potential deterioration in RTT performance and emergency readmissions. Responding to a query raised by Colonel (Retired) I Crowe, Non-Executive Director, the QAC Chair confirmed that concerns regarding 30 day readmission rates would be raised at that afternoon’s QAC meeting.

QAC
Chair

Resolved – that (A) the Quality and Performance report be received and noted as paper K, and

(B) concerns regarding 30 day readmission rates be raised at the Quality Assurance Committee meeting on the afternoon of 24 March 2016.

QAC
Chair

31/16/2 Demand and Capacity Planning 2016-17

Further to Minute 19/16/2 of 25 February 2016, the Chief Operating Officer introduced paper L, outlining the proposed demand and capacity modelling process to address the current capacity mismatch which was impacting upon the quality of care, patient experience, performance, finance, CIP delivery and strategic planning. High numbers of elective cancellations were being experienced (including some cancer patients) as a result of sustained increases in emergency activity. The slide presentation from a demand and capacity meeting held on 18 March 2016 was appended to paper L and further discussion on this subject was scheduled on the agenda for the 14 April 2016 Trust Board thinking day.

The Chief Operating Officer particularly highlighted the importance of identifying the Trust’s true ambitions in respect of improving the level of care provided to patients and the critical nature of the on-going negotiations with Commissioners. Further updates on demand and capacity planning would be reported to the 28 April 2016 IFPIC meeting and the 5 May 2016 Trust Board meeting. Whilst the current capacity planning process would focus

COO

primarily on the next 12 months, IFPIC members also noted the need to develop sustainable 2 and 3 year capacity plans going forwards.

Resolved – that (A) the update on demand and capacity planning be received and noted as paper L, and

(B) further updates on demand and capacity planning be presented to the 28 April 2016 IFPIC meeting and the 5 May Trust Board meeting.

COO

31/16/3 Cancelled Operations and Re-Booking Process

The Chief Operating Officer introduced paper M, setting out the impact of the imbalance between demand and capacity in terms of patient quality of care and patient experience and the range of options currently being explored to reduce cancelled operations. The Committee reflected upon the example of poor patient experience highlighted within the report which detailed the experiences of a patient (Mrs A) whose surgery had been cancelled and rebooked 4 times since January 2016. A fifth date had been scheduled for this surgery and everything possible was being done to ensure that this surgery went ahead.

The Chief Operating Officer sought and received the Committee's approval (in principle) to adopt a phased approach to ring-fencing a number of elective care beds on the LRI site, noting that a detailed proposal was due to be considered at the 29 March 2016 Executive Workforce Board meeting.

COO

Resolved – that (A) the briefing on cancelled operations and re-booking processes be received and noted as paper M, and

(B) a detailed proposal for ring-fencing elective care beds on the LRI site be presented to the Executive Workforce Board on 29 March 2016.

COO

31/16/4 Alliance Financial and Operational Performance Update

Further to Minute 5/16/2 of 28 January 2016, Ms H Mather, Interim Alliance Director attended the meeting to introduce paper N providing the quarterly update on Alliance financial and operational performance. During the discussion on this item the Committee:-

- (a) noted that the Alliance contract was reaching the end of its second year and that the process for completing the year 3 review was due to be considered by the Alliance Leadership Board in April 2016;
- (b) received assurance that the Alliance was already working effectively as a collaborative vehicle for redesigning elective care services in line with CCGs' commissioning intentions but this assurance would be strengthened once the Leicester City CCG joined the Alliance on 1 April 2016;
- (c) received a briefing on the workstreams being progressed in order to ensure that the Alliance staff and premises would be fit for purpose moving forwards (including staff development, workforce planning, organisational development and pathway changes linked to UHL's ambulatory care centre);
- (d) noted the on-going issues surrounding endoscopy activity, backlog clearance and JAG accreditation;
- (e) considered the development of future business cases relating to transferring activity within the specialties of Urology, Ophthalmology, Orthopaedics, Rheumatology and ENT services;
- (f) noted (by exception) progress of the performance metrics which had been RAG-rated as red on the performance scorecard and received assurance that re-opened complaints performance had returned to green and plans were in place to improve staff appraisal rates;
- (g) commented upon a slight deterioration in the financial forecast (projected surplus of £324k against the £447k target) which was attributed to loss of income during the

junior doctors' strikes and disputed invoices relating to lease costs and a back-dated invoice for optical lenses. Updates on these issues and the final 2015-16 outturn would be provided in the next quarterly update on 30 June 2016, and

(h) received assurance in respect of the clinical governance arrangements in preparation for the June 2016 CQC inspection. Mr M Clayton, Head of Safeguarding had visited the various Alliance premises and a list of recommendations had been produced. In addition, the UHL and LPT Chief Nurses would be invited to join the Alliance Leadership Board to strengthen the clinical governance arrangements going forwards.

Resolved – that (A) the update on Alliance Financial and Operational Performance (paper N) be received and noted;

(B) the Interim Alliance Director be requested to include feedback on the formal year 3 review of the Alliance Contract, the resolution of financial disputes, and the final 2015-16 outturn on 30 June 2016, and

(C) the Chief Nurses for UHL and LPT be invited to join the Alliance Leadership Board to strengthen the clinical governance arrangements going forwards.

32/16 SCRUTINY AND INFORMATION

32/16/1 IFPIC Calendar of Business 2016-17

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

32/16/2 Updated Timetable for UHL Business Case Approvals

Resolved – that the updated timetable for Strategic Business Case Approvals be received and noted as paper P.

32/16/3 Executive Performance Board

Resolved – that the notes of the 23 February 2016 Executive Performance Board meeting be received and noted (paper Q).

32/16/4 Revenue Investment Committee

Resolved – that the notes of the 22 February 2016 Revenue Investment Committee meeting be received and noted (paper R).

32/16/5 Capital Monitoring and Investment Committee

Resolved – that the notes of the 12 February 2016 Capital Monitoring and Investment Committee meeting be received and noted (paper S).

33/16 INVESTMENT BUSINESS CASES

Resolved – that no business cases were submitted for consideration at the 24 March 2016 IFPIC meeting.

34/16 ANY OTHER BUSINESS

34/16/1 2 Day Doctors' Industrial Action

The Chief Operating Officer briefed the Committee on the arrangements for the forthcoming 2 day Doctors' Strike and the plans in place for the Easter Bank Holiday weekend, noting that only 1 GP practice would be open (out of 140 in the Leicester, Leicestershire and Rutland area).

Resolved – that information be noted.

35/16 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 7 April 2016, and

TA/
Chair

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

- Minute 25/16/1 – the workforce update and the formal recommendation to establish a task and finish group in relation to opportunities for self-funded nurse training courses;
- Minute 29/16/1 – presentation by the Women's and Children's CMG;
- Minute 30/16/1 – month 11 financial performance;
- Minute 30/16/3 – 2016/17 planning;
- Minute 30/16/5 – Lord Carter Review;
- Minute 31/16/2 – demand and capacity planning for 2016-17;
- Minute 31/16/3 – cancelled operations and re-booking process, and
- Minute 31/16/4 – Alliance financial and operational performance.

36/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Integrated Finance, Performance and Investment Committee be held on Thursday 28 April 2016 from 8.30am to 1pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.31pm

Kate Rayns, Trust Administrator

Attendance Record 2015-16

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Traynor (Chair from January 2016)	12	12	100	R Mitchell	12	9	75
J Adler	12	8	67	P Traynor	12	11	92
I Crowe	12	12	100	J Wilson (Chair until December 2015)	9	9	100
S Dauncey	12	11	92				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson	5	5	100	H Seth	2	1	50
D Kerr	12	9	75	K Singh	12	11	92
M Gordon	8	7	88	G Smith	5	5	100
R Moore	12	12	100	K Shields	10	5	50