


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: 28 November 2013

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Non-Executive Director

DATE OF COMMITTEE MEETING: 30 October 2013

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 115/13/1 – including the month 6 financial performance, RTT performance and the improved position relating to performance against cancer targets.

DATE OF NEXT COMMITTEE MEETING: 27 November 2013

Mr R Kilner
22 November 2013

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON
WEDNESDAY 30 OCTOBER 2013 AT 8.30AM IN THE C J BOND ROOM, CLINICAL
EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY**

Present:

Mr R Kilner – Acting Chairman (Committee Chair)
Colonel (Retired) I Crowe – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Mr P Panchal – Non-Executive Director (excluding Minutes 114/13/6, 114/13/7 and part of Minute 115/13/1)
Mr A Seddon – Director of Finance and Business Services
Mr G Smith – Patient Adviser (non-voting member)
Ms J Wilson – Non-Executive Director

In Attendance:

Mr P Burns – Head of Trust Cost Improvement Programme (for Minute 116/13/1 only)
Mrs S Khalid – Head of Improvement and Innovation (for Minute 114/13/4 only)
Ms R Overfield – Chief Nurse (for Minute 114/13/1 only)
Mrs K Rayns – Trust Administrator
Mr I Sadd – Non-Executive Director (up to and including Minute 115/13/1)
Ms H Seth – Head of Planning and Business Development (for Minute 109/13/1 only)

ACTION

RECOMMENDED ITEMS

109/13 REPORT BY THE HEAD OF PLANNING AND BUSINESS DEVELOPMENT

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

110/13 REPORT BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

RESOLVED ITEMS

111/13 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive and Mr S Sheppard, Deputy Director of Finance.

112/13 MINUTES

Resolved – that the Minutes of the 25 September 2013 Finance and Performance Committee meeting (papers A and A1) be confirmed as a correct record.

113/13 MATTERS ARISING PROGRESS REPORT

The Committee Chairman confirmed that the matters arising report provided at paper B detailed the status of all previous matters arising. Particular discussion took place in respect of the following items:-

- (a) Minute 100/13(c) of 25 September 2013 – the performance management interface

between the Finance and Performance Committee and the new Clinical Management Groups (CMGs) was due to be considered by the Chief Executive and the Acting Chairman during week commencing 4 November 2013 and an update would be provided to the 27 November 2013 meeting;

CE/
Acting
Chair

- (b) Minute 100/13(d) of 25 September 2013 – the Acting Chairman noted that the expected report on benchmarking of Consultant costs in the context of patient care activity and case mix had been deferred from this meeting. Noting the extensive work required to gather the data to inform this report, he requested that this work be completed as soon as possible and that the outputs be presented to the 27 November 2013 meeting;
- (c) Minute 101/13/3 of 25 September 2013 – Mr P Panchal, Non-Executive Director noted that the outline business case (OBC) for developing UHL’s residential accommodation proposals was due to be presented to the November 2013 meeting and he requested that all options be explored, including the scope for co-operation with local housing associations. In response, the Director of Finance and Business Services noted the importance of feeding in such criteria during the development work for the strategic outline case (SOC), and
- (d) Minute 103/13/1.1 of 25 September 2013 – the Chief Operating Officer reported on the arrangements to identify senior strategic project management resources for both the Outpatients and Theatres improvement workstreams. In addition, he agreed to contact Mr O Sudar, Outpatient Project Manager to explore the scope to provide some more immediate (lower grade) administrative support.

DFBS

COO

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

NAMED
LEADS

114/13 STRATEGIC MATTERS

114/13/1 Nursing Workforce Report

Further to Minute 101/13/2 of 25 September 2013, the Chief Nurse attended the meeting to provide a high level overview of the Trust’s nursing workforce position (paper D refers). She particularly noted that the standards, ratios and skill mixes specified in the report were considered to be the minimum requirement for each area and that these levels might become mandated in future. Table 1 on page 3 of paper C set out the agreed nurse to bed ratios and skill mix for each type of ward area following the nurse staffing and acuity level review undertaken in 2013.

Between March and April 2013 ward establishment levels were revised, resulting in a significant increase in reported vacancies (from around 150 posts to almost 500 posts). The Chief Nurse provided assurance that UHL’s nurse staffing turnover rate was relatively low (approximately 35 posts per month) and that under normal circumstances the Trust was able to appoint and retain sufficient numbers of trainee nurses annually to cover this. However, like many other Trusts, UHL was now progressing intensive recruitment action plans through both UK and international job fairs to address the current level of vacancies. Apprentice HCAs and Assistant Health Practitioner roles were also being actively recruited to.

Work continued to try to improve the ratio between bank and agency nursing expenditure but with approximately 750 shifts per week currently not being filled, the Chief Nurse was not optimistic that agency nursing costs would reduce in the next 18 months, unless a consolidated framework approach was implemented towards renegotiation of regional agency rates. The Chief Nurse was requested to provide a verbal update report to the November 2013 Finance and Performance Committee in respect of progress towards addressing this key issue. The Committee also requested that a copy of the nursing

CN

budget reconciliation report be circulated to members outside of the meeting for information.

CN

Further discussion took place regarding the following points:-

- (i) the national structure for commissioning nursing trainees and the minimum entry requirements (3 A levels) which might prevent some individuals with the appropriate caring nature from entering the nursing profession;
- (ii) ways in which UHL might be able to influence nurse education funding through the Local Education and Training Board (LETB);
- (iii) opportunities for increasing administrative support on wards to release more time for nursing duties, and
- (iv) the creation of a dedicated bed space cleaning team to undertake the 45 minute process required following all patient discharges.

Resolved – that (A) the Nursing Workforce Report (paper D) be received and noted;

(B) the Chief Nurse be requested to provide a verbal update on the framework approach to reducing agency nursing rates at the 27 November 2013 meeting, and

CN

(C) the Chief Nurse be requested to circulate a copy of the nursing budget reconciliation report to members of the Committee for information.

CN

114/13/2 Ophthalmology Performance Recovery Plan

The Chief Operating Officer introduced paper E, providing an update on the challenges within the Ophthalmology service and the actions underway to address them. A copy of the updated risk assessment was appended to the report and this had been shared with the CCGs as part of UHL's RTT performance recovery plans.

Finance and Performance Committee members particularly noted recent changes in personnel, the arrangements in place to recruit additional administrative and clerical resources and the progress made towards reducing the waiting time for new referrals. The backlog of clinic letters waiting to be typed had reduced from 15,000 to 12,000 over the last 4 weeks, but the 20 week timescale to reduce the backlog to one week's work (1,200 letters) was still considered too long. The Chief Operating Officer confirmed that he would be driving further actions to improve this timescale.

COO

Discussion took place regarding the timing and quality of patient communications mid-way through their clinical pathways and the impact of short notice prior to surgery. A number of patient complaints had been received on this subject. Currently 3 weeks' notice was being provided to patients before surgery and a focus was being maintained to increase this to 6 weeks' notice.

Colonel (Retired) I Crowe, Non-Executive Director noted that a number of patient complaints had been made regarding contacting the Ophthalmology department by telephone and he queried whether the Trust had a mechanism for tracking the number of abandoned telephone calls. The Chief Operating Officer agreed to check this point, but he commented that this issue was symptomatic of the decentralised approach which currently covered approximately 50 different specialties. Longer term plans to centralise such transactional functions were under development and a proposal was being prepared by Interserve to create a Patient Care Centre under the Lot 2 contract.

COO

The Committee requested that a further update on Ophthalmology performance be provided to the 18 December 2013 Finance and Performance Committee meeting and that an Ophthalmology clinician be invited to attend the meeting for this item. Members also requested that appropriate KPIs be developed in order to monitor improvements and they queried the scope to implement LEAN working methodologies within this service.

COO

COO

Resolved – that (A) the Ophthalmology Performance recovery report (paper E) be received and noted, and

(B) the Chief Operating Officer be requested to:-

- (1) continue to drive reductions in the timescale to address the backlog of clinical letters; COO
- (2) confirm whether data on abandoned telephone calls to the Ophthalmology service was captured and recorded; COO
- (3) arrange for an updated position statement to be presented to the Finance and Performance Committee on 18 December 2013 by an Ophthalmology clinician; COO
- (4) develop appropriate KPIs by which improvements could be monitored, and COO
- (5) explore the scope to implement LEAN working methodologies. COO

114/13/3

Update on Review of Apportionment of Medical Staffing Costs Between UNH and the University of Leicester

Paper F summarised the current status of the ongoing review of medical staffing costs recharged from the University of Leicester to the Trust. The initial findings of the review were detailed in appendix 1 and it was noted that the forecast variance to current charges was £3.37m. The Director of Finance and Business Services briefed the Committee on the next steps to validate the individual job plans to ensure accurate apportionment of sessions between the 2 organisations and to discuss migration plans with the University's Director of Finance.

Discussion took place regarding the performance management arrangements being implemented by the University to help improve education standards and support the quotas for overseas students. From benchmarking work undertaken, it was confirmed that UHL was an outlier in this area and this was partly attributed to historical cross-subsidies arranged during the University's development. The Committee requested an update on progress be provided to the 18 December 2013 Finance and Performance Committee meeting.

DFBS

Resolved – that an update on progress with the migration plans for appropriate apportionment of medical staffing costs be presented to the 18 December 2013 meeting.

DFBS

114/13/4

Improvement and Innovation Framework Update

Paper G provided a progress report on the implementation and roll out of UHL's Improvement and Innovation Framework (IIF). Ms S Khalid, Head of Improvement and Innovation attended the meeting to present this item and members congratulated her on her recent appointment as CMG Director for the Clinical Supporting and Imaging CMG. During the discussion on this item, Finance and Performance Committee members:-

- (a) considered the selection process for participation in the IBM-led Innovation Workshop, noting that approximately 20 members of UHL staff would be selected to attend this event and that an appropriate method would be developed to define nominees by the end of December 2013. Assurance was provided that the nominees were expected to come from a broad cross-section of grades, disciplines and departments and that a particular focus on "strategic thinkers" would be sought;
- (b) noted the development of an e-learning package to reinforce the meaning of quality improvement and how individuals could identify target areas and support further development;
- (c) supported the proposal for additional Trust Board and Executive Team development sessions to support the Framework, noting that the arrangements were being made to build this into the existing Trust Board development programme;
- (d) sought further information regarding the synergies between IIF and Listening into

Action (LiA). The Head of Improvement and Innovation provided feedback from a meeting held with Ms M Cloney, LiA Lead regarding the mapping arrangements and the benefits of improving staff engagement within the Framework;

- (e) queried the links with the Productive Ward and Productive Theatre workstreams and noted that the same LEAN approach would be utilised. Improvements already achieved would be recognised and built into the Framework accordingly, and
- (f) queried the future arrangements for leadership of the Improvement and Innovation Framework given the forthcoming changes to the Head of Improvement and Innovation roles undertaken jointly by Ms D Mitchell and Ms S Khalid. In response, it was noted that work was taking place to identify any gaps in the programme management arrangements and that proposals would be presented to Ms K Shields, Director of Strategy once she commenced in post on 4 November 2013.

HIIF

Resolved – (A) that the progress report on UHL’s Improvement and Innovation Framework (paper G) be received and noted, and

(B) a further progress report be provided to the 27 November 2013 Finance and Performance Committee meeting (to include the future IIF management arrangements).

CE/HII

114/13/5 Arrangements for Mapping Divisional Financial Recovery Plans into CMG Structure

The Director of Finance and Business Services and the Chief Operating Officer reported orally on the developmental process for the 7 new Clinical Management Groups (CMGs), noting that appointments had been made to 34 of the 35 key posts and that interviews had now been arranged for the final post. Each of the new CMGs had either existed as a stand alone Clinical Business Unit (CBU) previously or had been combined from 2 CBUs. Meetings had been held with each of the CMG management teams to gain assurance that they recognised and accepted accountability for their respective elements of the Divisional financial recovery plans.

The Patient Adviser drew members’ attention to a question he had raised at the 29 August 2013 Trust Board meeting regarding the accountability arrangements for Patient and Public Involvement within each CMG and he expressed concern that the Trust was only now seeking the views of the new CMG management teams regarding the optimum arrangements to address this within the CMG structure.

Resolved – that the verbal report on mapping arrangements between the Divisional recovery plans into the new CMG structure be received and noted.

114/13/6 Outputs from Confirm and Challenge of Corporate Directorate Financial Performance

Paper H briefed Finance and Performance Committee members on the outcome of the Executive Team confirm and challenge process for Corporate Directorates (as undertaken during September 2013) and the ongoing financial governance process to deliver an improved year end position. Detailed commentaries on the financial performance and recovery plans for the IM&T, Pathology and Strategy Directorates were appended to paper H as these Directorates had reported the largest adverse variances to plan. Members noted that recovery plans for the Pathology service (Empath) would now be driven by the Clinical Supporting and Imaging (CSI) CMG.

During discussion on paper H, the Finance and Performance Committee:-

- (a) requested that a progress report on the Corporate Directorates’ financial recovery plans be presented to the 18 December 2013 meeting;
- (b) queried the scope for benchmarking the costs of providing Corporate services with other Trusts noting in response that services were delivered in a variety of models which made it difficult to draw direct comparisons;

DFBS

- (c) considered presentational aspects of the outsourced models for IM&T and Facilities Management financial performance;
- (d) discussed the planned 6% CIP target for 2013-14 and noted the challenges faced by some of the smaller Directorates to achieve this;
- (e) requested that the scope for restructuring the Corporate Directorates be explored and an update be provided to the Committee in December 2013;
- (f) challenged the value of non-ward based nursing staff who were not actively involved in delivering patient care, and
- (g) noted that the CMG management teams had expressed support for centralised corporate service functions in preference to a dispersed model.

CE

Resolved – that (A) the outputs from the Corporate Directorate confirm and challenge process (paper H) be received and noted;

(B) the Director of Finance and Business Services be requested to provide a further progress report to the 18 December 2013 meeting, and

DFBS

(C) the Chief Executive be requested to review the scope to restructure UHL's Corporate Directorates and report back to the Committee in December 2013.

CE

114/13/7

Payment by Results (PbR) Consultation on 2014-15 Tariff

Further to Minute 101/13/6 of 25 September 2013, paper I provided a briefing on Monitor's consultation process which allowed providers to feedback on the 2014-15 PbR tariff proposals within strict parameters. Figure 1 set out the proposed tariff adjustments (with and without CNST) with inflation being applied at between 1.6% and 1.9% and the efficiency requirement set at 4%. Whilst these adjustments did not represent any surprises for the Trust, the Director of Finance and Business Services invited members to consider whether they were financially sustainable in the longer term.

Resolved – that the briefing on the PbR Consultation for the 2014-15 Tariff (paper I) be received and noted.

115/13

PERFORMANCE

115/13/1

Month 6 Quality, Performance and Finance Report

Paper J provided an overview of UHL's quality, patient experience, operational targets, HR and financial performance against national, regional and local indicators for the month ending 31 August 2013 and a high level overview of the Divisional Heatmap report. The Chief Operating Officer reported on the following aspects of UHL's operational performance:-

- (a) ED performance against the 4 hour target continued to fluctuate – a 3 week period of sustained improvement during September and October 2013 had delivered compliant performance for 1 week, but then a spike in admissions (8% increase) had adversely affected performance again and a major internal response had been declared. The Chief Operating Officer briefed the Committee on the key actions being progressed by the Collaborative Hub to recover ED performance and the following comments and queries were raised in respect of ED performance:-
 - In response to a query raised by Mr I Sadd, Non-Executive Director, it was noted that ED recovery plans were predicated on the existing levels of demand continuing but there was some reliance on there being no further significant increases in ED attendances;
 - Ms J Wilson, Non-Executive Director sought and received additional information of the level of rigour being applied to improving discharge processes and their consistent application throughout the Trust, and
 - the Committee Chair noted the impact of staff taking annual leave during the

October 2013 half term school holidays and recommended that a robust approach be taken towards annual leave planning over the Christmas period;

- (b) RTT 18 week performance stood at 81.8% for admitted and 92% for non-admitted. The third iteration of UHL's RTT recovery plan had been submitted to Commissioners for sign-off and Ophthalmology specific plans were being developed with input from the Intensive Support Team. Plans to address backlogs were being developed which were likely to include the use of some CQC accredited independent sector providers;
- (c) cancelled operations performance stood at 2.2% (against the threshold of 0.8%). A detailed exception report was provided at appendix 3 and the Chief Operating Officer advised that the target to offer patients a new date for surgery within 28 days of their cancellation was being raised from 95% to 100%;
- (d) UHL's performance against all cancer targets (reported 1 month in arrears) continued to improve. For August 2013, the 93% target for 2 week waits for symptomatic breast patients (where cancer was not initially suspected) had been missed by just 2 cases, due to 10 patients choosing to schedule their appointments outside the 2 week period. Indications were that all cancer targets would be compliant for September 2013. Ms J Wilson, Non-Executive Director commended the Trust's progress with the Cancer Improvement Plan particularly highlighting the focus and leadership provided by Mr M Metcalfe, Cancer Centre Lead Clinician and suggesting that he might be invited to present the improvement plan to a future meeting of the Finance and Performance Committee or the Trust Board. Members supported a potential nomination from the cancer management team to attend the IBM improvement and innovation workshop and discussion took place regarding opportunities to share the learning from the Cancer Improvement Plan into the RTT workstream;
- (e) choose and book slot availability continued to be affected by speciality level shortfalls in clinic capacity and actions to reduce the waiting times for first Outpatient appointments were being taken forward under the RTT remedial action plan, and
- (f) delayed transfers of care continued to be escalated appropriately and actions to address these were being taken forward as a sub-section of the discharge workstream to develop a systematic and consistent standardised process to improve the position for those patients requiring non-acute NHS care.

The Director of Finance and Business Services briefed members on the key aspects relating to UHL's financial performance and the key performance indicators (KPIs) for outsourced Facilities Management (FM) and IM&T services, particularly noting:-

- 1) the status of contractual queries relating to ED performance, RTT performance and ambulance turnaround times (as set out in the table on page 29 of paper J). The Committee Chair queried whether penalties relating to pressure ulcer performance had been transacted in September 2013 and noted in response that these were not reflected in the month 6 Income and Expenditure position;
- 2) that the Chief Nurse was the designated accountable Director for FM performance and KPI trends were summarised in table 1 on page 30 of paper J. It was confirmed that the Trust was enacting financial deductions for areas of contractual non-compliance;
- 3) that IBM had been asked to review the selection of IM&T metrics included in the quality and performance reporting template, and
- 4) a reported in-month income and expenditure deficit of £3.2m (£3.4m adverse to plan) and a year to date deficit of £16.6m. Year to date pay and non-pay costs were £9.8m and £7.4m adverse to plan respectively, mainly due to overheating in the emergency care system and a lack of recognition of additional income components assumed within the Trust's recovery plans for strategic transitional support and transformation investment.

In discussion on FM performance, Mr P Panchal, Non-Executive Director queried whether Interserve had advised the Trust of any proposed strike action (as referenced in an article in that day's Leicester Mercury). The Chief Operating Officer agreed to liaise with the Chief Nurse to ascertain whether such notice had been received.

COO

The Committee Chair noted (from table 6 on page 37 of paper J) that the month 6 Consultant pay costs had increased by 10.4% since the same period of 2012-13 and that this increase did not appear to be covered by additional patient activity. The Director of Finance and Business Services commented upon the direction of travel towards more Consultant delivered models of care and wider changes in the shape of UHL's workforce. Ms J Wilson, Non-Executive Director suggested that the same level of rigour should be applied as was currently being applied to the nursing workforce plans and the Committee Chair confirmed that he would be progressing this issue at his next 1 to 1 meeting with the Chief Executive.

Resolved – that (A) the month 6 Quality, Performance and Finance report (paper J) be received and noted;

(B) detailed discussion on ED performance and emergency care issues be deferred to the public Trust Board meeting on 31 October 2013;

COO

(C) consideration be given to inviting Mr M Metcalfe, Cancer Centre Lead Clinician to present the cancer improvement plan to a future meeting of the Finance and Performance Committee or Trust Board;

COO

(D) consideration be given to nominating a representative from the Cancer Centre to attend the IBM-led innovation workshop;

COO

(E) the Chief Operating Officer be requested to liaise with the Chief Nurse to ascertain whether any notice of strike action had been received from Interserve, and

COO

(F) the Committee Chair be requested to discuss the governance arrangements for wider workforce planning with the Chief Executive outside the meeting.

Chair

116/13 FINANCE

116/13/1 Cost Improvement Programme (CIP) 2013-14 Update

The Head of Trust CIP introduced paper K, providing the September 2013 status report on the Cost Improvement Programme for 2013-14, consisting of 330 schemes with a total forecast delivery value of £37.7m against the revised £37.7m target. The RAG ratings for each scheme were provided in a table on page 2 of paper K – no schemes were RAG rated as red and 12.7% of schemes were RAG rated as amber. Particular discussion took place regarding the following schemes:-

- (a) Pathology CIP schemes – the Head of Trust CIP briefed members on the arrangements for handing over Empath related CIP schemes to the Clinical Supporting and Imaging CMG. Discussion took place regarding variances in the number and type of pathology tests carried out by HRG and by clinician. Assurance was provided that clinical engagement was being progressed appropriately and that an analysis of repeat tests and the intervals between them was being undertaken in order to address the issue of the same tests being ordered on arrival in ED, then again on the assessment units and again on the base wards. The Committee requested that a progress report on this workstream be presented to the January 2014 meeting;
- (b) procurement CIP schemes – delays were noted with the implementation of the

- stock management system now that the TDA approvals mechanism had been clarified. In the meantime savings of £134k were expected to be delivered through stocktaking processes and the Accenture work plan was expected to deliver £242k;
- (c) ongoing discussions with the University of Leicester regarding re-imburement of funding for academic and clinical posts;
 - (d) projected changes in CMG level workforce plans (as set out in tables 3 and 4 on page 5 of paper K). Ms J Wilson, Non-Executive Director sought additional clarity regarding the impact upon UHL's headcount and changes in the future shape of the workforce. In the interests of transparency, the Head of Trust CIP agreed to compile a summary of headcount changes for the November 2013 meeting. The Committee Chair clarified that the Corporate Services WTE movements reflected the Facilities and IM&T staff who had transferred across to the outsourced providers under TUPE and he suggested that the Director of Human Resources be requested to present a report to the November 2013 Finance and Performance Committee meeting.

Resolved – that (A) the 2013-14 CIP update (paper K) be received and noted, and

(B) an update on progress towards addressing variances in the number and type of pathology tests carried out be provided to the January 2014 Finance and Performance Committee meeting; **HTCIP**

(C) the Head of Trust CIP be requested to provide a summary of CIP related headcount changes for the 27 November 2013 meeting, and **HTCIP**

(D) the Director of Human Resources be requested to report on changes in the future shape of the workforce to the 27 November 2013 meeting. **DHR**

116/13/2 Management of Cost Improvement Programme

Paper K1 outline the future arrangements for managing CIP governance once the fixed term contract for Mr P Burns, Head of Trust CIP came to a conclusion at the end of November 2013. The Director of Finance and Business Services introduced a discussion on the proposed interim solution noting that Ms D Mitchell, Head of Improvement and Innovation had been working alongside the Head of Trust CIP for some months already and recognising that additional resources might be required to act as a creative catalyst for the identification of new schemes at key points in the planning process.

Members supported the transition of this key role from an external contractor to an internal resource on an interim trial basis, recognising the positive message that this demonstrated for the Trust. Clarity was provided that Ms D Mitchell would not be a member of the Executive Team, but that the Executive Team would provide additional support in the areas of clinical engagement, Theatre improvements and Consultant job planning. The Committee requested that both Mr P Burns and Ms D Mitchell be invited to present the CIP report to the 27 November 2013 meeting.

Resolved – that (A) the proposal for future management of CIP (paper K1) be supported, and

(B) Mr P Burns and Ms D Mitchell be requested to attend the 27 November 2013 meeting to present the CIP report jointly. **HTCIP/
HIIF**

116/13/3 Cash Management Actions

Paper M briefed the Committee on the cash management arrangements in place and the corrective actions underway to mitigate significant forecast cash shortfalls at 3 strategic points over the next 13 week period. Particular discussion took place regarding the local agreement for CCGs to pay elements of their monthly SLA payments at the beginning of

the month instead of the 15th of the month. A request for further elements of the monthly SLA to be paid early had not yet been formally agreed with the CCGs and the Committee Chair confirmed that this issue had been escalated accordingly.

Resolved – that (A) the report on cash management (paper M) be received and noted.

117/13 SCRUTINY AND INFORMATION

117/13/1 Template for Clinical Management Group Presentations

The Committee supported the draft template for CMG presentations noting the scope to off-set some dimensions of robust income and expenditure performance against CIP performance and that separate discussions would be held outside the meeting to ensure that the presentations encompassed the full range of performance metrics, including quality, safety, complaints and patient and public involvement.

The Patient Adviser queried whether a similar template would be developed for CMG presentations to the Quality Assurance Committee (QAC) and Ms J Wilson, QAC Chair advised that there were no plans to introduce CMG presentations for this Committee.

Resolved – that the template for CMG presentations to the Finance and Performance Committee (paper N) be supported.

117/13/2 Divisional Confirm and Challenge

Resolved – that the notes of the 18 September 2013 Divisional Confirm and Challenge meeting (paper O) be received and noted.

117/13/3 Executive Performance Board

Resolved – that the notes of the 24 September 2013 Executive Performance Board meeting (paper P) be received and noted.

117/13/4 Improvement and Innovation Framework Board

Resolved – that the notes of the 10 October 2013 Improvement and Innovation Framework Board meeting (paper Q) be received and noted.

117/13/5 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 25 September 2013 QAC meeting (paper R) be received and noted.

117/13/6 Quality and Performance Management Group (QPMG)

Resolved – that the notes of the 4 September 2013 QPMG meeting (paper S) be received and noted.

118/13 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper T provided a draft agenda for the 27 November 2013 meeting. It was agreed that the Trust Administrator would update this draft agenda to include a number of additional items arising from this meeting and recirculate the draft agenda outside the meeting.

Resolved – that (A) the items for consideration at the Finance and Performance Committee meeting on 27 November 2013 (paper T) be noted, and

TA

(B) the Trust Administrator be requested to update the draft agenda and recirculate it outside the meeting. TA

119/13 FORMAL RECOMMENDATIONS FOR THE TRUST BOARD

Recommended – that the following recommendations be highlighted for Trust Board approval:- FPC CHAIR

- Confidential Minute 109/13 – report by the Head of Planning and Business Development, and
- Confidential Minute 110/13 – report by the Director of Finance and Business Services.

120/13 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 31 October 2013:- FPC CHAIR

- Minute 115/13/1 – including the month 6 financial performance, RTT performance and the improved position relating to performance against cancer targets.

121/13 ANY OTHER BUSINESS

Resolved – that there were no items of any other business raised.

122/13 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 27 November 2013 from 8.30am – 11.30am in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 11.26am

Kate Rayns,
Trust Administrator

Attendance Record

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair from 1.7.13)	7	7	100%	I Reid (Chair until 30.6.13)	3	3	100%
J Adler	7	6	86%	A Seddon	7	7	100%
I Crowe	4	4	100%	G Smith *	7	6	86%
R Mitchell	4	3	75%	J Tozer *	2	2	100%
P Panchal	4	2	50%	J Wilson	7	6	86%

* non-voting members