University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 27 February 2014

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Non-Executive Director

DATE OF COMMITTEE MEETING: 29 January 2014

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 5/14/1 – progress with recruitment to nursing vacancies;
- Minute 5/14/4 – medical productivity proposals, and
- Minute 7/14/3 – financial strategy.

DATE OF NEXT COMMITTEE MEETING: 26 February 2014

Mr R Kilner
21 February 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON WEDNESDAY 29 JANUARY 2014 AT 8.30AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Present:
Mr R Kilner – Acting Chairman (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr P Hollinshead – Interim Director of Financial
Mr R Mitchell – Chief Operating Officer
Mr G Smith – Patient Adviser (non-voting member)

In Attendance:
Dr M Ardron – Deputy Clinical Director, Emergency and Specialist Medicine CMG (for Minute 2/14 only)
Ms R Overfield – Chief Nurse (for Minute 5/14/1 only)
Dr P Rabey – Deputy Medical Director (for Minute 5/14/4 only)
Mrs K Rayns – Trust Administrator
Mr R Rughani – Interim Finance Lead, Emergency and Specialist Medicine CMG (for Minute 2/14 only)
Mr S Sheppard – Deputy Director of Finance
Ms G Staton – Head of Nursing, Emergency and Specialist Medicine CMG (for Minute 2/14 only)

ACTION

RESOLVED ITEMS

1/14 APOLOGIES AND WELCOME

Apologies for absence were received from Mr A Seddon, Director of Finance and Business Services and Ms J Wilson, Non-Executive Director. The Chairman welcomed Mr P Hollinshead, Interim Director of Financial Strategy to the meeting.

2/14 PRESENTATION BY THE EMERGENCY AND SPECIALIST MEDICINE CMG

The Deputy Clinical Director, the Head of Nursing and the Interim Finance Lead attended the meeting from the Emergency and Specialist Medicine CMG to present an overview of the CMG's financial and operational performance (as summarised within paper A). The Acting Chairman noted comments received on the format of the report template and it was agreed that the Chief Operating Officer would work with the Deputy Director of Finance to amend the template for future meetings. During the presentation, Finance and Performance Committee members particularly noted:- **COO/ DDF**

(a) that the CMG was expected to deliver its forecast year-end financial plan and that this was mainly attributed to reductions in non-contracted staffing costs as more of the vacant permanent positions were filled;
(b) improvements in ED performance as a result of the 2 super weekends. Further analysis was being undertaken to assess those actions which had delivered the most benefit and which could be continued to sustain the benefits. These were likely to include increased Consultant ward rounds at weekends and 7 day working on the base wards;
(c) that following a visit to Coventry and Warwickshire, an emergency care command cell structure had been implemented and this appeared to be working well;
(d) nursing recruitment was progressing well with 91 posts recruited to against the "felt" vacancy level of 183. The CMG anticipated that by June 2014, the position would be stabilised;
(e) an update on progress with medical recruitment where there were noted to be some challenges within the frail elderly and acute medicine services;

(f) RTT performance within Ophthalmology had been adversely affected by the cancellation of clinics when locum Consultants had left the Trust and their appointments had to be rescheduled, and
(g) progress against the top 4 quality and safety priorities (as outlined in paper A).

In discussion following the presentation, the Acting Chairman queried the scope to amend Consultant job plans by negotiation to include 1 of any additional sessions (over and above the regular 10 PAs) to be worked at the weekend. The Deputy Clinical Director confirmed that some Consultants already worked weekend sessions, but a small increase in establishment would be required to sustain a 7 day service. He added that any arrangements would have to be transparent and equitable for all staff.

The Acting Chairman queried the activity trends in respect of acute medicine and care of the frail elderly, noting in response the work that was ongoing by the CCGs to prevent inappropriate hospital admissions and expand the availability of quality end of life care within the community setting. The Chief Executive sought additional information regarding the scope to relocate urology, diabetes and endocrinology services into the community as outreach services. The Interim Director of Financial Strategy noted that the CMG's control total was challenging and he sought assurance that plans had been devolved to budget holder level and that all budget holders were being held to account to deliver the year-end forecast.

The Chief Executive reported on discussions with Ms F Wise, Interim Chief Executive at Kettering General Hospital regarding opportunities to pursue joint appointments in geriatric medicine and ED services and the CMG confirmed that Mr S Conboy would be the appropriate contact to pursue this discussion. It was also suggested that stroke medicine might be another area where joint appointments could be explored. **CE**

The Deputy Director of Finance commended the CMG's month 9 position and progress with identification of 2014-15 CIP schemes. He invited the CMG to identify any support required to strengthen engagement with the Patient Level Information Costing System (PLICS). The Interim Finance Lead noted the need to further review adverse trends in Service Level Reporting data and he undertook to discuss training needs with the Deputy Director of Finance outside the meeting.

Finally, the Deputy Clinical Director highlighted the clear plans in place to appoint to substantive medical staffing posts with the aim of reducing locum usage and increasing clinical effectiveness.

<u>Resolved</u> – that (A) the Emergency and Specialist Medicine CMG presentation be received and noted;

(B) the Chief Operating Officer be requested to liaise with the Deputy Director of Finance to amend the CMG reporting template; **COO/ DDF**

(C) the Chief Executive be requested to provide Dr Conboy's contact details to the Interim Chief Executive at Kettering General Hospital, and **CE**

(D) the Interim Finance Lead and the Deputy Director of Finance be requested to consider the CMG's training needs in relation to PLICS and SLR. **IFL/DDF**

4/14 MINUTES

<u>Resolved</u> – that the Minutes of the 18 December 2013 Finance and Performance Committee meeting (papers A and A1) be confirmed as a correct record.

3/14 MATTERS ARISING PROGRESS REPORT

The Committee Chairman confirmed that the matters arising report provided at paper C

detailed the status of all outstanding matters arising. Particular discussion took place in respect of the following items:-

(a) Minute 138/13/4 of 18 December 2013 – following the Emergency and Specialist Medicine CMG presentation earlier in the meeting, it had been agreed that the Chief Operating Officer and the Deputy Director of Finance would re-draft the CMG reporting template prior to the February 2014 presentation by Clinical Support and Imaging; **COO/ DDF**

(b) Minute 138/13/3 of 18 December 2013 – the Capital Projects Manager and the Head of Business Planning and Development would be invited to attend the 26 February 2014 meeting to report on the Managed Equipment Service (MES) programme; **TA**

(c) Minute 126/13/1(c) of 27 November 2013 – dates were being scheduled for the next round of Financial and Business Awareness Workshops and arrangements would be made for Colonel (Retired) I Crowe, Non-Executive Director to attend a workshop himself. The Trust Administrator was requested to remove this item from the progress log; **DDF**

(d) Minute 114/13/1(b) of 30 October 2013 – the Interim Director of Financial Strategy agreed to review progress relating to the development of a framework approach to reducing agency nursing rates; **IDFS**

(e) Minute 101/13/3 of 25 September 2013 – proposals for the Trust's residential accommodation stock were scheduled for presentation to the February 2014 Finance and Performance Committee meeting; **DHR**

(f) Minute 100/13/1.2 of 25 September 2013 – the expected update on Nurse Specialist workforce plan had not been included within the nursing workforce report but an update would be requested for the February meeting; and

(g) Minute 28/13/3 of 27 March 2013 – issues relating to delays with the 6 facet survey and implementation of the MICAD system had been escalated with a clear deadline being set for completion, after which the Trust would be approaching MICAD directly and re-charging Interserve with the expenditure. An update would be provided to the Committee in April 2014. **IDFS**

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

5/14 STRATEGIC MATTERS

5/14/1 <u>Nursing Workforce Update</u>

The Chief Nurse attended the meeting to present paper D, summarising the Trust's current position in respect of nursing establishment, vacancy rates, bank and agency usage and e-rostering. In discussion on the report, Finance and Performance Committee members noted the following points:-

(a) the Interim Director of Financial Strategy requested an update on progress with establishing a regional framework agreement for agency nurses. The Chief Nurse reported on the lack of networking mechanisms in the East Midlands and she agreed to explore opportunities to gain organisational learning from other regions (including Chesterfield and the West Midlands) and seek the latest position statement from the UHL procurement lead; **CN**

(b) Colonel (Retired) I Crowe, Non-Executive Director highlighted opportunities to escalate delays in resolving the functionality issues being experienced with e-rostering software. The Chief Nurse advised that 2 directors from Allocate Software had attended the Trust in the last 7 days and that an update on the outcomes from this meeting would be circulated to members outside the meeting. Responding to a further comment on the e-rostering system. the Chief Nurse confirmed that the Bank Office was part of the roll-out and that faxed requests were still required; **CN**

(c) the Chief Executive queried the arrangements for ongoing nurse recruitment to cover any natural turnover and he noted in response that normal levels of turnover would

be filled by the intake from local nursing schools, and

(d) opportunities to explore the scope to introduce a retention bonus for nurses who remained in post for 3 years (bearing in mind the cost of recruiting the international nurses).

Resolved – that the nursing workforce update report (paper D) be received and noted, and

(B) the Chief Nurse be requested to explore learning opportunities from other regions relating to nursing framework arrangements, and **CN**

(C) an update on resolution of e-rostering software functionality issues be circulated to Committee members outside the meeting. **CN**

5/14/2 Improvement and Innovation Framework Update

In the absence of the Director of Strategy, the Chief Executive presented paper E, briefing the Committee on proposals for development of a whole hospital improvement and sustainability programme. Members particularly noted that the key components of the Improvement and Innovation Framework would be retained within the new programme and that the links with quality improvement workstreams would be strengthened.

Discussion took place regarding the need to embed capacity within the CMGs and reduce the organisation's reliance upon a centralised team, although the centralised PMO function would be retained using the existing IBM software. The Acting Chairman queried the arrangements for leading the 8 main cross-cutting schemes (noting that Mr O Sudar, OPD Project Lead had recently left the Trust) and whether the Finance and Performance Committee would be reviewing progress against each of these schemes at future meetings. In response, it was confirmed that there would be no direct replacement appointment to lead the OPD project and that the Executive Team would be monitoring progress against the major CIP schemes. It was anticipated that the Finance and Performance Committee would review the overall CIP position, rather than progress with individual schemes.

Paper E1 was provided for members' information, highlighting the arrangements for building capacity and capability for change at UHL. The Acting Chairman sought and received additional information regarding the investment required (in terms of staff time and financial investment) and how success would be measured.

Resolved – that (A) the proposals for a Whole Hospital Improvement and Sustainability Programme and arrangements for building capacity and capability for change be received and noted, and

(B) a further report and project plan be presented to the February 2014 meeting. **DoS**

5/14/3 Update on Level 2 Implementation of Finance and Business Awareness Workshops

Further to Minute 126/13/1 of 18 December 2013, the Deputy Director of Finance provided a verbal update on progress of the workshops, noting that approximately 180 clinical staff had now received training and arrangements were being made to schedule further workshops to accommodate the waiting list of interested clinicians. He reported on developments underway to build and embed PLICS and Service Line Reporting within the CMG structures, through drop-in sessions and attendance at the cross-CMG meetings. Some helpful feedback on statistical anomalies had been raised through these sessions. Discussions were underway to include a business awareness session within the new Consultant induction sessions.

Dr S Agrawal, Associate Medical Director had attended a "lock-in" event on 7 January

2014 with 6 of the country's most influential Finance Directors with a view to leading a pilot scheme to support the development of a national financial strategy. Formal feedback from this event was still awaited.

Discussion took place regarding the next steps, which might include key commissioning negotiation themes, granular detail in respect of contracting, progression of SLR and SLM and the arrangements for linking these to medical productivity and job planning. The Deputy Director of Finance was requested to present a further progress update to the Committee in 3 months' time (April 2014).

Resolved – that the Deputy Director of Finance be requested to provide a progress report on financial and business awareness training to the April 2014 Finance and Performance Committee meeting.

5/14/4 Update on Progress of the Medical Productivity Workstream

Dr P Rabey, Deputy Medical Director attended the meeting to introduce paper F, briefing the Finance and Performance Committee on the proposed approach to improving medical productivity at UHL and summarising the current position in respect of each of the following workstreams:-

(a) Job Plan Framework – the LNC had approved the framework for pay progression, subject to clarity being provided relating to the definition of the 11th and 12th PA within relevant job plans. Clarity was provided that Consultants would be held to account in respect of their obligations relating to private practice;
(b) the Medical Staff Job Plan Assurance Group had been established to ensure consistency and equity across the Trust;
(c) Consultant Productivity Matrix to be implemented using the Hospital Evaluation Dataset (HED) software, and
(d) Medical Productivity Workstream – a review of waiting list initiatives and overtime payments was being undertaken to challenge whether additional recruitment or conversion to additional PAs would be a more efficient use of resources.

In discussion on the report, the Interim Director of Financial Strategy recorded his strong support of this workstream and queried the level of additional HR and financial support required to strengthen the implementation arrangements. The Chief Executive confirmed that the Executive Performance Board would oversee progress to ensure a properly disciplined approach within the national rules surrounding the Consultant contract. Members noted that a group of mediators would be trained for job plan mediation and to support the appeals process. Nominations for the mediator roles would be developed in conjunction with Dr K Blanchard, LNC Chair. The Acting Chairman noted that in addition to the financial benefits of the project, there were opportunities to make more effective use of clinical staff hours which might, in turn, increase clinical capacity. The Deputy Medical Director was requested to submit the overall project plan to the Finance and Performance Committee once this had been agreed. **DMD**

Resolved – that (A) the progress report on the Medial Productivity Improvement Plan be received and noted, and

COO/ DMD

(B) a detailed project plan be presented to the Committee when available.

5/14/5 Winter Plan 2013-14

The Chief Operating Officer presented paper G, updating the Finance and Performance Committee on the 2013-14 allocation of non-recurrent additional winter funding, noting that UHL's net expenditure was expected to reach approximately £9.4m by the end of the financial year. He provided assurance that all the expenditure was carefully monitored on a monthly basis to evidence where it had been spent. A schedule of the schemes and their respective quantum was appended to the report.

Within the 2013-14 winter plan, a number of recurrent schemes had been identified which would benefit from funding in 2014-15 (totalling £4.8m) although there was no guarantee that such funding would be made available. Discussion took place surrounding the additional bed capacity currently open for the winter period and the arrangements required to close these beds prior to additional costs being incurred in the new financial year. Confirmation was provided of the intention to close complete wards in the Spring of 2014, starting with Fielding Johnson on the LRI site and ward 2 on the LGH site. A focus would also be maintained on bed occupancy rates, reducing internal waits and reducing length of stay.

Resolved – that the briefing on Winter Plan 2013-14 performance be received and noted. **COO**

6/14 PERFORMANCE

6/14/1 Month 9 Quality, Finance and Performance Report

Paper H 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 December 2013 and a high level overview of the Divisional Heatmap report. The Interim Director of Financial Strategy noted his preference to discuss the month 9 financial performance under Minute 7/14/3 below.

The Chief Operating Officer reported on the following aspects of UHL's operational performance, using the table on page 24 as his central point of reference:-

ED Performance – continued to improve with performance for December 2013 standing at 90.1% and performance for January 2014 to date standing at 93.26%. A range of actions continued to be implemented with a focus on delivering sustainable compliant performance;

RTT 18 Week Performance – improvement trajectories had now been agreed with Commissioners for the specialties of Orthopaedics, Ophthalmology, ENT and General Surgery and these would involve maximising productivity, increasing out-of-hours activity and use of the private sector. The TDA and the CCGs had expressed differing views regarding the timescale for the commencement of additional capacity plans. The exception report provided at appendix 4 advised of a 52 week breach for an incomplete patient pathway, due to patient choice. Under the process, the Trust could have legitimately paused this pathway;

Cancelled Operations and rebooking within 28 days – an improvement plan was provided at appendix 6, advising that cancellations for non-clinical reasons stood at 1.7% and that 94.3% of patients had been rebooked within the required 28 days. Assurance was provided that clinically urgent cases received appropriate priority;

Cancer Performance – the target for 2 week symptomatic breast cancer patients had not been met for November 2013 due to patient choice in a small number of cases. Performance was compliant for December 2013;

Stroke Performance – 2 stroke patients had missed the November target to spend 90% of their stay on a dedicated stroke ward and this was attributed to medical outliers within stroke beds. December performance was compliant. Discussion took place regarding the agreement in place to ring fence stroke beds and the Chief Operating Officer agreed to check whether this process had been followed, and **COO**

Choose and Book Slot Unavailability – progress was expected to be demonstrated once the additional RTT capacity commenced. In the meantime, clinic capacity continued to be challenged by increases in demand of between 10% and 12%.

The Acting Chairman queried the number of cancelled operations which were not attributed to capacity issues and what arrangements were being made to address the remaining causes such as missing case notes, lack of theatre equipment and lack of theatre time/list overruns. In response, the Chief Operating Officer advocated a cautious approach to this data noting the scope for some inaccuracies in reporting. He reported on a revised process for the ITAPS General Manager to be contacted in respect of all on the day theatre cancellations.

Resolved – that (A) the month 9 Quality, Finance and Performance report (paper H) and the subsequent discussion be received and noted, and

(B) the Chief Operating Officer be requested to check whether the process for ring fencing stroke beds had been followed in November 2013. **COO**

7/14 FINANCE

7/14/1 Delivery of Cost Improvement Programme (CIP) 2013-14 Update

The Chief Operating Officer introduced paper I, providing the December 2013 status report on the Cost Improvement Programme for 2013-14, consisting of 335 schemes with a total forecast delivery value of £37.1m against the £37.7m target, representing an in-month improvement of £310k. The RAG ratings for each scheme were presented in a table within section 1 of paper I. Members noted the arrangements in place for the Chief Operating Officer, the Interim Director of Financial Strategy and the Director of Strategy to become more involved in the forward planning of CIP schemes and that an update on the revised governance arrangements would be provided to the February 2014 meeting. **COO**

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

(B) an update on the revised CIP governance arrangements be included in the February 2014 CIP report. **COO**

7/14/2 Update on Progress of 2014-15 Cost Improvement Plan Development

The Committee received a verbal progress report on the development of 2014-15 CIP schemes, noting that (subject to validation and clinical sign off) indicative savings of £45.5m had already been identified. Further work was underway to assess the schemes and identify the impact of any schemes rolling forward from 2013-14. Meetings were being scheduled with each CMG to challenge the pay, non-pay, income and workforce impact of each scheme and robust expectations had been set surrounding the submission of Project Initiation Documents with clear timescales and accountable lead officers. The Interim Director of Financial Strategy also highlighted the need to capture benefits such as reduced length of stay and improved day case utilisation rates.

In order to support the capability and capacity within CMGs, a range of measures were being explored, one of which might include the use of external consultants. Tenders had been invited for this work and these were due to be reviewed on 31 January 2014. Assurance was provided that any external resources would be embedded within the CMGs and a workshop was being arranged to take this forward.

Resolved – that the verbal update on 2014-15 CIP schemes be received and noted.

7/14/3 Financial Strategy

The Interim Director of Financial Strategy introduced paper J providing a briefing on the Trust's month 9 financial performance, the 2013-14 financial forecast and the financial plans for 2014-15 and 2015-16. Noting that the revised base-case forecast, taking into account the month 9 results, remained a deficit position of £39.8m (as set out in the table

on page 2 of paper J), the Interim Director of Financial Strategy outlined changes in the assumptions relating to education income, theatre stock count and contingency. Members queried the affordability of additional RTT activity within the current financial year and the potential impact of severe weather conditions upon emergency activity levels. Further enhancements to the existing expenditure controls had been introduced and the CMG and Corporate Directorate controls totals were being monitored closely.

Key actions for the remainder of the 2013-14 financial year included appropriate use of technical year end adjustments, maintaining CMG and Corporate performance management regimes (and escalation mechanisms where performance was off track) and agreeing the quantum of commissioning contracts for 2014-15. Particular attention was drawn to the Trust's statutory duties in respect of capital resource and external financing limits. The Trust had spent £19m against the capital plan for 2013-14 and might face criticism if the full £39.8m plan was not progressed appropriately. The current cash balance stood at £3.9m, but the Trust was expected to deliver a year-end cash balance of £16.9m. A case of need was under development to negotiate a year-end loan for this purpose.

Discussion took place regarding the potential quantum and timescale for securing a medium term loan or Public Dividend Capital (PDC) and the need for the Trust Board to be sighted to the whole income and expenditure profile, inclusive of longer term outline capital plans that were discussed at the Trust Board development session on 16 January 2014. It was agreed that proposals would be presented to the Trust Board development session on 13 February 2014. **IDFS**

The Chief Executive voiced his concerns regarding deteriorations in some of the CMG forecasts and re-iterated the importance of delivering these forecasts. Formal letters had been sent to the CMGs to this effect and the Chief Operating Officer confirmed that meetings had been held with the 4 worst performing CMGs to articulate the impact of not delivering the year-end forecasts. The Deputy Director of Finance advised that the benefits of theatre stock counts had not yet been built into the plans, pending agreement with Internal Audit regarding the mid-year timing of this adjustment.

Following the launch of the LLR 5 Year Strategy, the Interim Director of Financial Strategy advised that he would be chairing a working group of local Finance Directors to review the scale of the underlying deficit within the wider health economy and the development of whole health system response plans.

The Acting Chairman queried the arrangements for addressing the potential short fall in the 2013-14 capital programme and suggested that Mr R Kinnersley, Major Projects Technical Director be invited to brief the Committee on progress at the February 2014 Finance and Performance Committee meeting. The Acting Chairman also queried the arrangements for sighting the Trust Board and the Finance and Performance Committee to the 2014-15 Acute Contract negotiations, which were due to be signed off at the end of February 2014. The Interim Director of Financial Strategy reported on the particular challenges facing the contract negotiations advising that (given the Trust's reported deficit position) it would not be feasible to sign up to the previous historical model.

<u>Resolved</u> – that (A) the update on UHL's financial strategy and the subsequent discussion be noted;

(B) proposals for securing a medium term loan or PDC be presented to the Trust board development session on 13 February 2014, and

(C) an update on the Acute Contract negotiations be presented to the 26 February 2014 meeting.

8/14 SCRUTINY AND INFORMATION

8/14/1 Clinical Management Group (CMG) Performance Management Meetings

Resolved – that the action notes arising from the December 2013 CMG Performance management meetings (papers K to K6) be received and noted.

8/14/2 Executive Performance Board

Resolved – that the notes of the 17 December 2013 Executive Performance Board meeting (paper L) be received and noted.

8/14/3 Improvement and Innovation Framework Board

Resolved – that the notes of the 12 December 2013 Improvement and Innovation Framework Board meeting (paper M) be received and noted.

8/14/4 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 17 December 2013 QAC meeting (paper N) be received and noted.

9/14 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper O provided a draft agenda for the 26 February 2014 meeting. The Trust Adminstrator was requested to update this with any additional items agreed at this meeting and circulate a revised version outside the meeting. **TA**

Resolved – that (A) the items for consideration at the Finance and Performance Committee meeting on 26 February 2013 (paper O) be noted, and

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

10/14 ANY OTHER BUSINESS

10/14/1 Stock Management System

Further to Minute 187/13/1 of the Trust Board meeting held on 25 July 2013, the Deputy Director of Finance advised that the TDA had now reviewed and approved the Outline Business Case. However, feedback had been provided that the Trust was required to include Public Dividend Capital (PDC) costs of £185k per year within the financial modelling. Committee members noted that the additional expenditure would not impact upon the affordability of the scheme and approved this amendment to the OBC. Discussion took place regarding potential amendments to the business case template going forwards to reflect consideration of the revenue consequences of any capital expenditure. **IDFS**

Resolved – that (A) the revised Stock Management System Outline Business Case (now reflecting additional expenditure of £185k per year for PDC costs) be approved, and **IDFS**

(B) the revenue consequences of any capital requirements be built into the UHL reporting template for future business case submissions. **IDFS/ DDF**

10/14/2 Public Perception of the Trust's Financial Position

The Patient Adviser reported on the public perception of reporting arrangements in announcing the Trust's financial deficit. He noted that public credibility concerns had arisen which might have been avoided with the aid of improved information handling. In

response, the Acting Chairman and the Chief Executive reported on the circumstances which had led to the information not being publicly shared at the Trust Board meeting in December 2013, pending the outcome of discussions with the wider health economy.

Resolved – that the information be noted.

11/14 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 30 January 2014:-

- Minute 5/14/1 – progress with recruitment to nursing vacancies;
- Minute 5/14/4 – medical productivity proposals, and
- Minute 7/14/3 – financial strategy.

12/14 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 26 February 2014 from 8.30am – 11.30am in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 11.12am

Kate Rayns,
Trust Administrator

Attendance Record

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair from 1.7.13)	10	10	100%	I Reid (Chair until 30.6.13)	3	3	100%
J Adler	10	8	80%	I Sadd	2	1	50%
I Crowe	7	7	100%	A Seddon	9	9	100%
R Mitchell	7	6	86%	G Smith *	10	9	90%
P Panchal	4	2	50%	J Tozer *	2	2	100%
				J Wilson	10	8	80%

* non-voting members