

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: 30 January 2014

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Acting Chairman

DATE OF COMMITTEE MEETING: 18 December 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:

- Improvements in Cancer Performance and Opportunities for Organisational Learning (Minute 137/13/1);
- Operational Performance and RTT compliance (Minute 138/13/4), and
- The Trust's forecast financial deficit and assurance provided regarding CMG delivery of the planned year-end position.

DATE OF NEXT COMMITTEE MEETING: 29 January 2014

Mr R Kilner
24 January 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUSTMINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON WEDNESDAY 18 DECEMBER 2013 AT 8.30AM IN TEACHING ROOM 2, 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 (up to and including Minute 141/13)
 Mr I Sadd – Non-Executive Director
 Mr A Seddon – Director of Finance and Business Services (from part of Minute 139/13/1)
 Mr G Smith – Patient Adviser (non-voting member)
 Ms J Wilson – Non-Executive Director

In Attendance:

Mr J Deane – Consultant Ophthalmologist (for Minute 137/13/2)
 Mr P Gowdridge – Finance Lead, ITAPS (for Minute 137/13/3)
 Mr N Kee – General Manager, Clinical Supporting and Imaging (for Minute 138/13/2)
 Ms S Khalid – Clinical Director, Clinical Supporting and Imaging (for Minute 138/13/2)
 Mr C Lyon – Deputy General Manager, Musculoskeletal and Specialist Surgery (for Minute 137/13/2)
 Mr M Metcalfe – Cancer Centre Lead Clinician (for Minute 137/13/1)
 Ms D Mitchell – Head of Improvement and Innovation (for Minutes 139/13/2 and 139/13/3)
 Mrs K Rayns – Trust Administrator
 Ms H Seth – Head of Planning and Business Development (for Minutes 137/13/3 and 138/13/3)
 Mr S Sheppard – Deputy Director of Finance
 Ms K Shields – Director of Strategy (from Minute 134/13 to Minute 137/13/3 inclusive)

ACTION**RESOLVED ITEMS****134/13 APOLOGIES**

There were no apologies for absence. It was noted that the Director of Finance and Business Services would be arriving late due to some media interviews taking place that morning in relation to the Trust's financial re-forecast.

135/13 MINUTES

Resolved – that the Minutes of the 27 November 2013 Finance and Performance Committee meeting (papers A and A1) be confirmed as a correct record.

136/13 MATTERS ARISING PROGRESS REPORT

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

- (a) Minute 126/13/1 of 27 November 2013 – the Deputy Director of Finance confirmed that an Executive Director lead was in place to support the implementation of the level 2 financial and business awareness workshops. Three further workshop sessions had been held since the presentation to the Committee in November 2013 and a waiting list was now being held for further sessions. Appropriate dates would be provided to Colonel (Retired) I Crowe for him to attend one of these sessions;
- (b) Minute 126/13/2 of 27 November 2013 – the Committee Chairman had met with the Director of Strategy regarding the Trust's overarching programme for strategic change which was likely to supersede the Improvement and Innovation Framework (IIF). An update on progress would be provided to the Finance and Performance

DDF

Committee on 29 January 2014. Responding to a query raised by Ms J Wilson, Non-Executive Director, the Director of Strategy advised that some elements of the Improvement and Innovation Framework structure would be retained, but generally the IIF branding was not felt to be helpful going forwards;

- (c) Minute 128/13/1(c) of 27 November 2013 – the Deputy Director of Finance confirmed that the formal CIP reporting process had now been established through the Executive Performance Board (EPB) and that Ms D Mitchell, Head of Improvement and Innovation had attended the EPB meeting on 17 December 2013 for this discussion;
- (d) Minute 115/13/1(f) of 27 November 2013 – the Committee Chairman advised that a new Executive Workforce Board was being convened in order to strengthen the governance arrangements relating to UHL’s workforce, and
- (e) Minute 28/13/3 of 27 March 2013 – in the absence of the Director of Finance and Business Services at this point in the meeting, an update on the 6 facet survey in respect of University occupied UHL premises would be provided to a future meeting.

DFBS

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

NAMED
LEADS

137/13 STRATEGIC MATTERS

137/13/1 Improvements in Cancer Performance

The Chief Operating Officer introduced Mr M Metcalfe, Cancer Centre Lead Clinician, and invited him to brief the Committee on the approach adopted to deliver recent improvements in UHL’s cancer performance. Mr Metcalfe presented a series of slides illustrating the patient experience and performance achievements delivered through the virtual entity of the Cancer Centre which aimed to put patients at the centre and establish clear overarching accountability for their care, through interaction with all relevant Clinical Management Groups. During the presentation, the Finance and Performance Committee particularly noted that:-

- (a) the governance arrangements included weekly Cancer Action Board meetings, monthly Cancer Board meetings and monthly Clinical Nurse Specialist meetings;
- (b) the level of support provided by the Executive Team and Corporate Directors had been a significant factor in the success of this initiative;
- (c) some remaining gaps in UHL’s performance had been identified and a tumour site dashboard was being developed in order to monitor progress and address any challenges appropriately;
- (d) plans were being progressed to strengthen the relationships between the core Cancer Centre teams by co-locating them within the same building;
- (e) recent progress had been made in building relationships with GPs by alleviating the need for “ghost” appointments to comply with the 2 week wait pathways – patients were now able to leave the GP surgery upon receiving their cancer diagnosis with a confirmed appointment and this was seen as a significant step in the right direction by GPs;
- (f) during the last quarter, UHL’s cancer performance had exceeded national targets and the improvement trajectory set by Commissioners;
- (g) 1 to 1 focus groups were being held to address clinical engagement within the worst performing 2 or 3 tumour sites where progress was causing concern;
- (h) a new process was being launched in January 2014 which would manage referrals to the Oncology service;
- (i) Cancer Centre teams were still spending too much time correcting individual patient pathways which had fallen off track and work continued to ensure that the improvements achieved were sustainable in the longer term, and
- (j) UHL aspired to be in the top quartile of high performing cancer services by the end of 2014. Regional solutions would be explored if it became apparent that any of

UHL's in-house systems were not capable of supporting this aspiration.

Following the presentation the following questions and comments were raised:-

- Ms J Wilson, Non-Executive Director thanked Mr Metcalfe for his presentation and commended the achievements delivered to date. She queried what would be required to sustain the improved performance already demonstrated. In response, it was noted that key factors would include less time being spent chasing imaging requests, a fully embedded Oncology referrals system and improved clinical engagement with all tumour site leads;
- Mr G Smith, Patient Adviser welcomed the patient centred approach and the commitment demonstrated by the Cancer Centre teams. Noting the specific focus on the imaging sections of patient pathways, he sought and received confirmation that all patients were being treated equally according to their clinical priority;
- the Chief Executive queried the extent to which the CCGs' approach to clinical problem solving had contributed to the improved position, noting in response that it had been helpful for UHL to have champions on the commissioning side and that a mutual understanding of the issues faced had supported an iterative approach to refining processes through clinical dialogue, and
- Mr I Sadd, Non-Executive Director queried the organisational learning points arising from cancer improvements. These were noted to include the sharing of good quality dashboard data with clinicians and gradually increasing the level of accountability for improving the data. The Chief Operating Officer noted the relevance of this work in respect of improving RTT and ED performance, suggesting that a high calibre manager, good clinical engagement and holding clinicians to account for their data were all crucial elements to improving performance in these areas.

Resolved – that the presentation on the Cancer Improvement Plan be received and noted.

137/13/2 Update on Ophthalmology Performance

Further to Minute 114/13/2 of 30 October 2013, Mr C Lyon, Deputy CMG Manager, Musculoskeletal and Specialist Surgery and Mr J Deane, Head of Services, Ophthalmology attended the meeting to present paper C, providing an update on the challenges associated with Ophthalmology performance and a review of the actions undertaken to address issues relating to RTT compliance, typing backlog reductions, financial performance and patient experience/complaints performance. During this discussion, Finance and Performance Committee members particularly noted that:-

- (i) Mr M Watts had been appointed as the substantive Ophthalmology Service Manager with effect from 6 January 2014 and a case of need for phased expansion of the administrative and clerical resources had been approved by the CMG Board for submission to the Commercial Executive;
- (ii) UHL's trajectory for achieving RTT compliance was in the process of being agreed with Commissioners;
- (iii) the previously reported typing backlog of c12,500 letters had been under-estimated and subsequent validation work had identified a backlog of 14,979 letters as at 1 November 2013. Outsourced typing services were being utilised in order to generate in excess of 2,000 letters per week and whilst this was reducing the backlog in a consistent manner, it was still expected to take approximately 17 weeks to achieve an acceptable level (eg 1,200 letters), and
- (iv) capacity and demand modelling had been undertaken with support from the Intensive Support Team and recommendations had been made to build additional capacity to improve patient access by expanding the physical clinic space, increasing efficiency and patient throughput, recruiting additional substantive staff and increasing evening and weekend activity through changes to Consultant job plans.

Resolved – that (A) the progress report on actions underway within Ophthalmology to improve financial and operational performance issues be received and noted, and

(B) a further report be provided to the Finance and Performance Committee in March 2014.

COO

137/13/3 Report by the Director of Strategy

Resolved – 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.

137/13/4 Winter Plan 2013-14 Performance

In the absence of a written report on UHL's winter plan performance (paper E), the Committee Chairman had withdrawn this item from the agenda on 17 December 2013.

Resolved – that the briefing on Winter Plan 2013-14 performance be deferred to the 29 January 2014 meeting.

COO

138/13 **PERFORMANCE**

138/13/1 Emergency and Specialist Medicine CMG

Ms J Edyvean, CMG General Manager and Ms G Staton, CMG Head of Nursing had been scheduled to attend the meeting to present paper F, a summary of the Emergency and Specialist Medicine CMG's financial and operational performance. This report had been circulated late on 17 December 2013, but the Committee noted that the CMG had not followed the reporting template and the resulting report appeared to represent a download of performance data instead of a meaningful report. Consequently, the report was withdrawn and the CMG representatives were stood down.

The Trust Administrator was requested to re-provide the Committee Chairman with a copy of the reporting template agreed by the Committee on 30 October 2013 for his further review. It was agreed that appropriate guidance would be developed to support a more focused approach to CMG presentations at future meetings.

Resolved – that (A) the Emergency and Specialist Medicine CMG presentation be deferred to the 29 January 2014 meeting;

TA/
ESM
CMG

(B) the Trust Administrator be requested to re-provide the Committee Chairman with a copy of the reporting template previously agreed by the Committee for his further review, and

TA

(C) appropriate guidance be developed to support a more focused approach to CMG presentations at future meetings.

CHAIR
MAN/
DFBS

138/13/2 Imaging Services – Improving Financial and Operational Performance

The Clinical Director and the General Manager from the Clinical Supporting and Imaging CMG attended the meeting to present paper G, providing a progress report on the actions underway to improve imaging productivity, reduce waiting times and deliver key performance metrics. Following a demand and capacity review completed in September 2013 and further work by NHS England's Intensive Support Team to review imaging processes, a range of actions had been highlighted to improve productivity within a number of Imaging's modalities (including CT, ultrasound, plain film, nuclear medicine and fluoroscopy). A cohesive improvement programme action plan was being developed

which would require a transformational approach and include the targeted application of LEAN principles, use of the Improvement and Innovation Framework software and restructuring of Consultant job plans.

Ms J Wilson, Non-Executive Director recognised that the project plan was still work in progress but she requested an indication of the scale of potential savings, noting in response that the CMG hoped to save approximately £1m per year for the first 2 years of the project and that the balance of CIP savings were expected to be delivered by reducing the cost of outsourcing. The Committee Chairman suggested that the scope for workforce savings might be greater than the original assumption of 5%. The CMG Director confirmed that more ambitious targets would be considered when scoping the final assumptions for the project plan. She noted the importance of good quality medical engagement and reported on the recruitment process to appoint 3 new Heads of Service within Imaging.

The Committee also discussed opportunities for imaging demand management, national benchmarking of activity, and the development of a demand and capacity tool for diagnostic imaging for which the Trust had expressed an interest in becoming a pilot site. The General Manager noted a potential “quick win” to reduce the number of duplicate tests ordered for patients.

The Chief Executive summarised the major areas of variable performance and requested that a copy of the basic performance metrics data be provided to him outside the meeting. He also requested a summary of any patient backlogs be provided alongside the metrics report. The Finance and Performance Committee requested a further progress report on imaging improvements be provided to the 26 March 2014 meeting.

GM, CSI

CD/GM,
CSI

Resolved – that (A) the report outlining progress with the Imaging Improvement Programme be received and noted;

(B) the General Manager, CSI be requested to provide the Chief Executive with a copy of the basic imaging performance metrics and a summary of any patient backlogs, and

GM, CSI

(C) a further update on the Imaging Improvement Programme be presented to the 26 March 2014 Finance and Performance Committee meeting.

CD/GM,
CSI

138/13/3

Imaging Services – Managed Equipment Service (MES) Control Mechanisms

Ms H Seth, Head of Planning and Business Development attended the meeting to provide a verbal overview of developments relating to governance arrangements in respect of the MES II contract with Asteral and the new working arrangements with Interserve. The Committee noted that the rolling replacement programme was running behind schedule and that there was some lack of clarity surrounding roles and responsibilities. Work was taking place to align the outputs from the review of imaging capacity and demand with strategic estate development plans.

The Head of Planning and Business Development voiced her concerns regarding the level of imaging equipment damage and queried whether such incidents were caused by design faults or lack of due care. She also highlighted concerns relating to the joint working arrangements with Interserve where delays had been experienced within most project phases between the initial design stage to final snagging of the completed works.

The Committee Chairman queried whether delays in the Interserve processes had been documented and appropriately escalated. Assurance was provided that appropriate liaison was taking place with Interserve and Horizons representatives (including Mr N Bond, Mr A Chatten and Mr S Bull) to improve the joint working relationship. It was also noted that some of the delays were user generated and reflected a lack of awareness of

Interserve's processes. The Committee Chairman requested that Mr N Bond, Capital Projects Manager be invited to brief the Committee on Interserve's contributions to the MES programme at the 29 January 2014 meeting. A further update on the MES project would then be required at the 26 February 2014 meeting.

In response to a query raised by Colonel (Retired) I Crowe, Non-Executive Director it was noted that of the 2 CT scanners due to be installed in the Emergency Department, 1 of these would be dedicated to ED activity and the other would be used more flexibly.

Resolved – that (A) the verbal update on MES governance and controls mechanisms be received and noted,

(B) Mr N Bond, Capital Projects Manager be invited to attend the 29 January 2014 meeting to brief the Committee on Interserve's contributions to the MES programme, and

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(C) a further update on the governance arrangements relating to the MES Contract be provided to the 26 February 2014 meeting.

HPBD

138/13/4

Month 8 Quality and Performance Report

Paper H provided an overview of UHL's quality, patient experience, operational targets and HR performance against national, regional and local indicators for the month ending 30 November 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, using the table on page 21 as his central point of reference:-

ED Performance – stood at 88.5% against the 4 hour target with 150 breaches on 16 December 2013. The level of breaches had reduced to 29 and nil respectively on the subsequent 2 days, but the pattern indicated a lack of resistance to high ED attendance levels. Dr B Teasdale and Ms L Lane had recently visited the ED at University Hospitals Coventry and Warwickshire NHS Trust where robust escalation measures had been implemented in the form of "Command Cells". A further visit had been arranged for UHL's ED Consultants to see the impact of these "Command Cells" in practice and, subject to positive feedback from this visit, it was intended to implement them at UHL on 6 January 2014.

In addition, a Senior Site Manager and a Deputy Site Manager had recently been appointed from Sherwood Forest Hospitals NHS Foundation Trust and they were expected to join UHL's ED within the next 2 months. The Chief Executive suggested that a discussion on ED medical staffing and medical ward processes for 8 key wards would be appropriate for the Trust Board meeting on 20 December 2013;

RTT 18 Week Performance – stood at 83.2% for admitted and 91.9% for non-admitted patients. A detailed report on improving RTT performance was due to be considered at the 20 December 2013 Trust Board meeting. Meanwhile, discussions continued with Commissioners regarding the improvement trajectory and the level of additional activity required to clear the backlogs.

Cancer Performance – compliant performance had been delivered against all cancer targets for October and November 2013. Indications were that the December 2013 performance would also be compliant, subject to validation.

Choose and Book Slot Unavailability and Cancelled Operations – both of these performance indicators were non-compliant due to their links to RTT performance.

In discussion on the Trust's operational performance, Ms J Wilson, Non-Executive Director requested that exception reports for choose and book and cancelled operations

COO

be provided to future meetings. She also sought assurance that any impact upon patients was appropriately reviewed and that the same patient was not cancelled more than once. The Chief Operating Officer confirmed that the metric for measuring the number of patients cancelled 2 or more times remained at zero. He also reported on arrangements to improve cancellation rates by reducing elective surgery throughput and increasing emergency flows, supported by an increase in the Trust's bed base and recalibrated theatre allocations.

The Committee Chairman queried the timescale for improving choose and book slot availability and requested evidence of the actions underway to achieve this. In response, the Chief Operating Officer highlighted capacity issues to cope with the increase in referrals (particularly within Ophthalmology). Mr A Dennison had been appointed as the improvement lead for RTT and an additional management resource was being recruited to support him in this role. The Committee Chairman suggested that the challenges associated with choose and book compliance were more than clinic capacity and further discussion took place regarding DNA rates, increased referral rates, negotiations with Commissioners to deliver substantive increases in capacity and opportunities for UHL to use clinic capacity more effectively.

The Chief Executive noted that only 97.6% of cancelled operations had been re-booked within 28 days during November 2013 and he queried the impact of this for the patients involved. The Chief Operating Officer advised that no urgent operations were being cancelled but an additional focus was being developed to re-book cancelled operations in a more timely manner.

Resolved – that (A) the month 8 Quality and Performance report (paper H) and the subsequent discussion be received and noted, and

(B) the Chief Operating Officer be requested to provide exception reports on choose and book slot unavailability and cancelled operations performance to future meetings.

COO

139/13 FINANCE

139/13/1 Month 8 Financial Performance Report

In the absence of the Director of Finance and Business Services at this point in the meeting, the Deputy Director of Finance introduced paper I, summarising the Trust's financial performance as at month 8 (November 2013) and providing key financial statements within appendix 1. Also accompanying paper I was the Trust level summary pack which was used to inform the monthly CMG Performance Management meetings. During the discussion on this item, Finance and Performance Committee members particularly noted:-

- (a) an in-month income and expenditure deficit of £3.0m and a year-to-date deficit of £20.3m which was £23.0m adverse to the planned surplus of £2.7m;
- (b) the revised year-end forecast deficit of £39.8m, reflecting continued high levels of pay expenditure for additional staffing and an adverse trend in non-pay expenditure some of which was backed by additional income;
- (c) new financial controls agreed by the Executive Performance Board on 17 December 2013 in relation to recruitment, non-clinical non-pay expenditure and minor works requisitions;
- (d) progress with implementation of temporary staffing controls where an appropriate focus was being made on maintaining safe staffing levels;
- (e) that recruitment controls would not impact upon the existing recruitment plans for nursing staff as recruitment to these posts would deliver an overall financial saving to the Trust;
- (f) a verbal clarification provided in relation to the central adverse variance of

- £607,000 against forecast. It was noted that the 3 main elements of this variance reflected the difference between first cut coded activity and final activity, winter funding allocations (which had now been allocated to the appropriate CMGs) and a range of urgent and disputed invoices not yet allocated to budget holders – the latter practice had now ceased. None of these elements were expected to impact upon the Trust's year-end position and it was agreed that such variances would be presented in separate reporting lines within future iterations of this report, and
- (g) a query raised by Mr I Sadd, Non-Executive Director regarding the monitoring arrangements for price and volume variances reported in table 3 on page 2 of paper I. It was noted in response that progress on the development of Service Line Management (SLM) data was reported regularly to the Audit Committee and the Trust Board and that this was a standing item in the monthly Quality, Finance and Performance reporting template.

The Director of Finance and Business Services arrived at this point in the meeting and discussion took place regarding the CMG and Corporate Directorate financial forecasts including the level of available assurance that they could deliver the planned year-end position. The Chief Operating Officer briefed the Committee on the outputs from the CMG Performance Management meetings held on 16 and 18 December 2013, noting the need to hold the CMG leadership teams to account and provide additional support where appropriate. He highlighted a requirement to improve the alignment of income and expenditure within the ITAPS CMG and to deliver a comprehensive cross-cutting efficiency programme for 2014-15. The Director of Finance and Business Services had emphasised the importance for each of the CMGs to develop suitable reporting metrics for weekly review.

Resolved – that the report on UHL's month 8 (November 2013) financial performance be received and noted.

139/13/2

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

The Head of Improvement and Innovation attended the meeting to introduce paper J, providing the November 2013 status report on the Cost Improvement Programme for 2013-14, consisting of 332 schemes with a total forecast delivery value of £36.7m against the £37.7m target, representing an in-month deterioration of £538k. The RAG ratings for each scheme were presented in a table within section 1 of paper J. Members noted that the University Reimbursement scheme (£1.2m) had been removed from the forecast on the advice of the Director of Finance and Business Services, pending the outcome of a meeting with the University due to be held on 19 December 2013. Confirmation was provided that this deterioration had been allowed for within the Trust's financial re-forecast.

Discussion took place regarding the following particular schemes:-

- (1) **Theatres Programme** – the impact of RTT and recruitment challenges had led to changes in the timescale for delivery and the project was being re-focused to maximise efficiencies in the 2014-15 financial year. A report would be presented to the Theatre Board in January 2014, but key changes were noted to include improved pre-operative assessment facilities, increases in day case capacity and centralised theatre scheduling;
- (2) **Medical Productivity** – Dr P Rabey, Deputy Medical Director was now leading this programme which would focus upon job planning, Consultant metrics and additional payments made to medical staff;
- (3) **Outpatients** – members were disappointed to learn that Mr O Sudar, OPD Project Lead would be leaving the Trust during January 2014 to take up a position with the Greater East Midlands Commissioning Unit. Assurance was provided that staff had been working closely with Mr Sudar on the 2014-15 CIP schedule and this would help to mitigate the risks relating to CIP delivery. However, the process for generating new

ideas for subsequent CIP schemes was likely to be less robust.

Mr I Sadd, Non-Executive Director sought additional information regarding the demand and capacity review within theatres and whether progress was on track. In response, the Head of Improvement and Innovation noted that the lowest areas of theatre utilisation were being progressed as the top priority, although the RTT backlog activity had prevented theatre sessions from being closed. The Committee Chairman noted that the last Theatre Board meeting he had attended was poorly attended and an issue had arisen relating to scheduling of daycase laparoscopic cholecystectomy prior to 2pm to prevent the need for daycase patients to stay in hospital overnight. He also reminded members that Ms S Khalid (in her role as Head of Improvement and Innovation) had previously shared the outputs of a medical productivity review with the Finance and Performance Committee indicating that the scope for savings was in the region of £20m. He requested that Dr P Rabey, Deputy Medical Director be requested to provide the Committee with an update on this workstream on 29 January 2014.

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

(B) Dr P Rabey, Deputy Medical Director be invited to provide an update on medical productivity to the 29 January 2013 meeting.

TA/
DMD

139/13/3 Progress Report on the Development of 5 Year CIP Plans

The Head of Improvement and Innovation introduced paper K, providing an update on the development of 2014-15 CIP plans and arrangements to deliver a stepped change for 2015-16 and beyond through detailed 2 year and outline 3 year planning processes in line with the draft strategic and operational planning guidance received from NHS England. Finance and Performance Committee members noted that a review of the IIF Programme was being undertaken and that the outputs were due to be considered by the Executive Strategy Board in January 2014. It was agreed that these proposals would also be presented to the Finance and Performance Committee on 29 January 2014.

The Committee Chairman referred to the table in appendix 1 providing a summary of identified 2014-15 CIP schemes for each CMG and queried whether the Head of Improvement and Innovation was comfortable with progress. In response, it was confirmed that progress was further advanced than in previous years and that the returns due to be submitted by 31 December 2013 were expected to improve the overall position significantly. The Head of Improvement and Innovation noted the need for further discussion with the Director of Finance and Business Services and the Deputy Director of Finance to clarify an outstanding issue relating to gain sharing.

Resolved – that (A) the 5 year CIP update (paper K) be received and noted;

(B) the outputs from the review of the Improvement and Innovation Framework Programme be presented to the Executive Strategy Board and the Finance and Performance Committee in January 2014, and

DoS

(C) the Head of Improvement and Innovation be requested to liaise with the Director of Finance and Business Services and the Deputy Director of Finance regarding the arrangements for gain sharing within the context of CIP planning.

HII/
DFBS

140/13 **SCRUTINY AND INFORMATION**

140/13/1 Clinical Management Group (CMG) Performance Management Meetings

Resolved – that the action notes arising from the November 2013 CMG Performance management meetings (papers L1, L2 and L3) be received and noted.

140/13/2 Executive Performance Board

Resolved – that the notes of the 26 November 2013 Executive Performance Board meeting (paper M) be received and noted.

140/13/3 Improvement and Innovation Framework Board

Resolved – that the notes of the 12 December 2013 Improvement and Innovation Framework Board meeting be presented to the January 2014 meeting.

140/13/4 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 27 November 2013 QAC meeting (paper N) be received and noted.

140/13/5 Quality and Performance Management Group (QPMG)

Resolved – that the notes of the 13 November 2013 QPMG meeting (paper O) be received and noted.

141/13 **ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE**

Paper P provided a draft agenda for the 29 January 2014 meeting. In discussion, the following amendments were considered and agreed:-

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- (a) the update on improving medical productivity (as requested in Minute 139/13/2 above) would be incorporated into agenda item 2.6 relating to the benchmarking of medical staffing costs;
- (b) agenda item 2.4 – the Improvement and Innovation Framework update would also include the Trust's strategy for financial recovery and any applications for additional funding;
- (c) agenda item 3.1 – the CMG presentation by Clinical Supporting and Imaging would be deferred to February 2014 in order to accommodate the Emergency and Specialist Medicine CMG presentation in January 2014, and
- (d) agenda item 4.2 – the scope to combine the update on Corporate Directorate Financial Recovery Plans within the Improvement and Innovation Framework update was considered, but the Chief Executive expressed his preference to retain this as a separate agenda item in the short term.

Resolved – that (A) the items for consideration at the Finance and Performance Committee meeting on 18 December 2013 (paper O) be noted, and

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

TA

142/13 **ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD**

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 20 December 2013:-

JW,
NED

- Minute 137/13/1 – improvements in cancer performance and opportunities for organisational learning;
- Minute 137/13/3 – confidential report by the Director of Strategy;
- Minute 138/13/4 – operational performance and RTT compliance, and
- Minute 139/13/1 – the Trust's forecast financial deficit and assurance provided regarding CMG delivery of the planned year-end position.

143/13 **ANY OTHER BUSINESS**

143/13/1 Report by Ms J Wilson – Non-Executive Director

Resolved – 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.

143/13/2 UHL's Year End Financial Forecast

The Director of Finance and Business Services briefed the Committee on the content of the radio and television interviews he had provided that morning, noting that there had been no CCG representatives available to comment for the radio interview.

Resolved – that the information be noted.

144/13 **DATE OF NEXT MEETING**

Resolved – that the next Finance and Performance Committee be held on Wednesday 29 January 2014 from 8.30am – 11.30am in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 11.33am

Kate Rayns,
Trust Administrator

Attendance Record

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair from 1.7.13)	9	9	100%	I Reid (Chair until 30.6.13)	3	3	100%
J Adler	9	7	78%	I Sadd	2	1	50%
I Crowe	6	6	100%	A Seddon	9	9	100%
R Mitchell	6	5	83%	G Smith *	9	8	89%
P Panchal	4	2	50%	J Tozer *	2	2	100%
				J Wilson	9	8	89%

* non-voting members