

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING: 31 July 2014**

**COMMITTEE: Finance and Performance Committee**

**CHAIRMAN: Mr R Kilner, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 25 June 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 67/14/1 – positive development in the CHUGGS CMG;
- Minute 67/14/3 – risks around abortive expenditure if the Emergency Floor business case was not approved;
- Minute 67/14/6 – E-Rostering – need for appropriate engagement with medical staff;
- Minute 68/14/1 – issues re. Delayed Transfers of Care;
- Minute 68/14/1 – clinical risks for long waiting RTT patients, and
- Minute 68/14/3 – clinical risk in relation to backlog of outpatient letters.

**DATE OF NEXT COMMITTEE MEETING: 30 July 2014**

**Mr R Kilner – Acting Trust Chairman and Finance and Performance Committee Chair  
25 July 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON  
WEDNESDAY 25 JUNE 2014 AT 8.30AM IN THE SEMINAR ROOMS A AND B, CLINICAL  
EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL**

**Present:**

Mr R Kilner – Acting Chairman (Committee Chair)  
Mr J Adler – Chief Executive (excluding Minutes 67/14/7 – 68/14/3)  
Colonel (Retired) I Crowe – Non-Executive Director  
Mr P Hollinshead – Interim Director of Financial Strategy  
Mr R Mitchell – Chief Operating Officer  
Mr G Smith – Patient Adviser (non-voting member)  
Ms J Wilson – Non-Executive Director

**In Attendance:**

Mr M Allen – Director, Ernst Young (for Minute 69/14/1)  
Mr J Clarke – Chief Information Officer (for Minute 67/14/5)  
Ms C Ellwood – Acting Chief Pharmacist (for Minute 67/14/5)  
Ms J Fawcus – CMG Manager, CHUGGS (for Minute 67/14/1)  
Mr P Gowdridge – Head of Strategic Finance (for Minute 67/14/8)  
Mrs H Majeed – Trust Administrator  
Ms D Mitchell – Interim Director for the Alliance (for Minute 67/14/8)  
Ms S Mitchelson – Electronic Rostering Project Lead (for Minute 67/14/6)  
Mr M Natrass – CMG Deputy Manager, CHUGGS (for Minute 67/14/1)  
Mr S Sheppard – Deputy Director of Finance  
Ms K Shields – Director of Strategy (until and including Minute 67/14/4)  
Ms A Smith – Assistant Director of Procurement and Supply (for Minute 67/14/7)

**RESOLVED ITEMS**

**ACTION**

**64/14      APOLOGIES**

No apologies for absence were received.

**65/14      MINUTES**

**Resolved** – that the Minutes of the 28 May 2014 Finance and Performance Committee meeting (paper A) be confirmed as a correct record.

**66/14      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. Members received updated information in respect of the following items:-

- (a) Minute 56/14/1(A) of 28 May 2014 – it was noted that the action relating to the fractured neck of femur performance had now been scheduled for the QAC meeting in July 2014;
- (b) Minute 56/14/1(B) of 28 May 2014 – the Chief Operating Officer advised that consideration was being given to outsourcing activity from ENT and possibly General Surgery but further options were also being explored. Item to be removed from the progress log; TA
- (c) Minute 56/14/2 (A) of 28 May 2014 – the Director of Strategy advised that a Public and Patient Involvement (PPI) Group had been established in respect of UHL's 5 year plan to take forward PPI engagement. Item to be removed from the progress log; TA

- |     |  |                    |
|-----|--|--------------------|
| (d) | Minute 58/14/1 of 28 May 2014 – the Chief Operating Officer confirmed that there had been positive improvement in respect of the cancelled operations performance and this needed to be maintained. The target for percentage of patients cancelled who were offered another date within 28 days of the cancellation needed to improve. Item to be removed from the progress log;                          | TA                 |
| (e) | Minute 45/14/1(C) of 23 April 2014 – the Director of Strategy was requested to liaise with the Medical Director to ensure that the work he was undertaking in respect of how CMGs assured themselves that key requirements for effective team working were met by all their services was appropriately linked with the framework. An update on this matter would be provided to the F&P in September 2014; | MD/DS              |
| (f) | Minute 17/14/1(B) of 26 February 2014 – the Interim Director of Financial Strategy advised that the Capital Group had now been established and any capital works relating to the MES II contract would be coordinated through this Group. Item to be removed from the progress log, and  | TA                 |
| (g) | Minute 7/14/3 of 29 January 2014 – item to be removed from the progress log.   | TA                 |
|     | <b><u>Resolved</u> – that the matters arising report and any associated actions above, be noted.</b>   | <b>NAMED LEADS</b> |

**67/14 STRATEGIC MATTERS**

**67/14/1 Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) CMG Presentation**

The General Manager and Deputy General Manager attended the meeting from the CHUGGS Clinical Management Group (CMG) to present paper C providing a summary of the CMG's financial and operational performance. Introductions took place. The CMG was congratulated for the outcome of the bone marrow transplant review. During the presentation, Finance and Performance Committee members particularly noted:-

- (a) a number of achievements in the CMG in the last six months including the implementation of a bowel screening programme in gastroenterology, robotic surgery programme in Urology, good patient outcomes in pelvic floor service, significant improvement in general surgery cancer performance, reconfiguration of the Chemotherapy Suite, approval for Intensity-Modulated Radiation Treatment (IMRT) and extended opening hours for daycase in the haematology service;
- (b) quality and safety performance – improvements made to the FFT score, however there were some 'hot spot' areas, a successful patient listening event in the Urology service had taken place, infection prevention was embedded with excellent clinical engagement;
- (c) only one risk featured on the risk register with a risk score of 15 or above - Radiotherapy Staffing (inadequate staffing levels) – this issue would be resolved once the IMRT business case was in place;
- (d) financial performance – month 2 (£24,000 deficit compared to plan) with a year to date deficit of £45,000. The CMG was expecting to break-even when the final cut figures were available. The key risk was agency nursing spend, and
- (e) a brief discussion on proposed strategic changes in 2014-15 and key commitments for the next 12 months.

Following the presentation, Committee members raised the following comments and questions:-

- (1) Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair queried the actions taken by the CMG to offset the high agency nursing spend – in response, it was noted that the CMG had approximately 30 nursing vacancies and although international nurses had been recruited, they were supernumerary for a limited period of time. The CMG had identified that a significant number of agency

nurses were being used out of hours and weekends, therefore controls had been put in place and all agency requests were now authorised only by the CMG Head of Nursing. Therefore, it was expected that the agency spend would reduce in July 2014, however a material difference would be noticed only by August 2014;

- (2) responding to a query from Colonel (Retired) I Crowe, Non-Executive Director, the CMG Manager confirmed that from her perspective the CMG was working well. However, she highlighted some data warehouse issues, estates (old infrastructure) issues and the number of meetings that the CMGs were required to attend;
- (3) responding to a comment from the Chief Executive regarding CMGs involvement to drive the Trust's strategy, the CMG Manager suggested that it would be helpful for CMGs to be more involved with the Executive Team and be an integral part in developing strategies etc, and
- (4) it was noted that a service review of general surgery would be undertaken as it was currently a loss making specialty.

Further to the departure of CMG colleagues, the Chief Operating Officer advised that the number of meetings that CMGs were required to attend was being reviewed and would be addressed. In respect of the CMG performance management sessions, the management panel had been content with the performance of some CMGs and had offered not to meet with them, however, the CMGs had insisted that they preferred interaction with the management team.

**Resolved – that the presentation on the CHUGGS CMG's operational and financial performance be received and noted.**

67/14/2

**5 Year Planning Submission**

Paper D had been withdrawn and the Director of Strategy provided a verbal update instead. She advised that the Trust's five year (2014-2019) Integrated Business Plan was ambitious but an achievable plan. It would move the Trust from its current position to that of an efficient and effective healthcare provider working in partnership with local organisations as well as other hospital Trusts across the Midlands. The Executive Summary of UHL's five year plan would be presented to the public section of the Trust Board on 26 June 2014.

**Resolved – that the verbal update on the progress re. UHL's 5 Year Planning Submission be received and noted.**

67/14/3

**NHS Trust Development Authority (NTDA) Briefing Note re. Emergency Floor**

Paper E detailed the information provided to the NTDA regarding expenditure/funding of the Emergency floor. The following key points were highlighted:-

- (a) the Trust was committing capital expenditure (£7.8m) for the enabling works in advance of funding and approval of business case, and
- (b) abortive expenditure might result if the business case was not approved.

In discussion, Ms J Wilson, Non-Executive Director noted that the level of risk was "low" and suggested that in order to maintain an audit trail, the reasons for the low risk should be documented, as appropriate. Colonel (Retired) I Crowe, Non-Executive Director expressed concern that the expenditure was reaching the treasury limit and noted the potential risk if the costs exceeded the limit. In response, the Deputy Director of Finance advised that planned costs vs. forecast costs for each scheme would be reviewed by the Capital Group and any issues would be appropriately escalated.

**Resolved – that the information provided to the NTDA regarding expenditure/funding of the Emergency floor be received and noted.**

67/14/4

Development of Robotic Surgery Programme and Purchase of Da Vinci Robot

It was noted that the Trust Board at its meeting on 29 May 2014 considered a brief report on the introduction of a robotic surgery programme at UHL. It was approved in principle subject to a sub-group of the Board giving further consideration of the case. Paper F provided an update confirming the decision of the sub-group to proceed with a 7 year lease option of a re-conditioned machine. The Finance and Performance Committee noted, supported and commended the development of the robotic surgery programme at UHL. In discussion on the governance aspects, the Director of Strategy was requested to provide assurance that oversight in respect of quality and safety of this programme would be monitored through the CMG's dashboard/ Robotic Programme Board.

DS

**Resolved – that (A) the development of robotic surgery programme and purchase of Da Vinci robot be noted, and**

**(B) the Director of Strategy to provide assurance that oversight in respect of quality and safety of the robotic surgery programme would be monitored through the CMG's dashboard/Robotic Programme Board.**

DS

67/14/5

Report by the Acting Chief Pharmacist and the Chief Information Officer

**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.**

67/14/6

E-Rostering Update Report (including resolution of report functionality issues)

Ms S Mitchelson, E-Rostering Project Lead attended to presented paper H, an update on E-Rostering roll-out. She reported that the roll-out to nursing staff had gone well, however the roll-out to medical staff had been delayed as the job plans of all medical staff were not yet available. 'RosterPerform' was a management reporting dashboard, this software extracted data from the HealthRoster system to produce information on key performance indicators.

Further to a brief discussion, the Chief Operating Officer undertook to liaise with the Deputy Medical Director and confirm to the E-Rostering Project Lead regarding the timescales for the medical job plans to be available on the electronic job planning system. He also undertook to liaise with the CMG Directors and confirm which specialities would be the early "adopters" of the E-Rostering system for medical staff. The Chief Executive advised that the job planning policy needed to be approved by the LNC and this was expected to be completed imminently. The Committee Chair noted the need for a Board-sub committee to receive assurance that the medical productivity plan was "on track", in response the Chief Operating Officer undertook to ensure that the percentage of job plans completed and 'live' on the Trust's approved electronic job planning system were included in monthly CIP reports to the Finance and Performance Committee.

COO

COO

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The Deputy Director of Finance was the new Chair of the E-Rostering Board who advised that he chaired the first meeting recently and noted significant enthusiasm and input from nurses. The challenge now was to resolve the IT issues and refine the KPIs. In respect of medical job plans, he highlighted that a number of electronic systems were currently being used.

**Resolved – that (A) the contents of paper H be received and noted, and**

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

- **liaise with the Deputy Medical Director and confirm to the E-Rostering Project Lead regarding the timescales for the medical job plans to be available on the electronic job planning system;**

COO

- liaise with the CMG Directors and confirm which specialities would be the early “adopters” of the E-Rostering system for medical staff, and
- ensure that the percentage of job plans completed and ‘live’ on the Trust’s approved electronic job planning system were included in monthly CIP reports to the Finance and Performance Committee.

67/14/7

UHL Procurement and Supplies Dashboard

Ms A Smith, Assistant Director of Procurement and Supply attended to provide the Committee with an update on the Procurement Strategy implementation progress and the DoH National Procurement Efficiency Programme updates and recommendations (paper I refers). Members noted that Ms A Smith would be leaving UHL at the end of August 2014.

The Department of Health had launched a Procurement Efficiency Programme led by Dr D Poulter, Under Secretary for Health. Further details of the programme were announced at a NHS Procurement Leaders Conference on 11 June 2014. The DoH was working with the top 30 suppliers to understand how efficiencies could be made. Mr R Kilner was the Non-Executive Procurement sponsor. A core list of 1000 products would be introduced and Non FTs (especially those who were in deficit) would be first to take on the core list. It would be mandatory and no agreements should be entered into that Trusts cannot exit from. The efficiency team would ask Trusts for their prices via the portal and would guarantee the best price. There would be an Academy for Procurement Excellence (APEX) set up with 80% available via e-learning. In response to a query on the standard of the core list of 1000 products, it was noted that feedback on the standard would be provided through the National Clinical Procurement Group.

The DoH had launched procurement transparency guidance. The recommendations for Trusts and how UHL would comply was listed in the table in section 3.1 of paper I. In respect of the DoH’s recommendation ‘To ensure that all contract opportunities with a contract value over £25,000 are advertised on Contracts Finder’, the Assistant Director of Procurement and Supply recommended that the tender threshold be raised to allow for more quotations and easy engagement with Small or Medium Enterprises (SMEs) and local businesses.

In respect of the DoH’s recommendation ‘To publish details of total supplier spend each month on their websites and take preparatory steps to publish line-level pricing information’, it was noted that the Trust had rated itself ‘red’ as the Trust did not currently publish this information and the procurement system did not have the capability currently to publish line level pricing.

The recommended procurement dashboard was launched by the DoH procurement efficiency programme in November 2013 with an aim of gathering and measuring the same information across Trusts and improving performance in key areas. Appendix 1 provided the dashboard template. UHL was liaising with other Trusts in respect of populating the dashboard.

Appendix 2 provided a progress report on the Trust’s procurement performance against NHS Procurement Standards. In respect of the Procurement strategy action plan, the Interim Director of Financial Strategy undertook to follow-up with the Medical Director regarding the need for a Clinical Sponsor for the ‘Supplier Representative Policy’. The NTDA had approved the stock management system outline business case and work was now in progress in respect of the sign-off of the full business case. Work was underway to reduce the non-catalogue spend and the catalogue would also be rolled out to products used by the Alliance.

IDFS

**Resolved – that (A) the contents of paper I be received and noted, and**

**(B) the Interim Director of Financial Strategy to follow-up with the Medical Director**

IDFS

**regarding the need for a Clinical Sponsor for the ‘Supplier Representative Policy’.**

67/14/8

**Financial and Operational Reporting Mechanism for the Elective Care Alliance**

Ms D Mitchell, Interim Director of the Alliance and Mr P Gowdrige, Head of Strategic Finance attended to present paper J, a report on the due diligence issues identified prior to the Alliance contract sign off which went ‘live’ from 1 April 2014. The report also set out the financial and governance arrangements in place.

It was noted that some payroll issues arose prior to the due diligence process which were being resolved. There were no compliance issues for the Alliance in the CQC inspection report.

The order and expenditure approval limits that had been set with the Alliance staff were listed in section 4.1 of paper J. The Interim Director of Financial Strategy requested that the delegated order and expenditure approval limits for Alliance staff be notified to the Audit Committee. Further to the substantive appointment of the Director of the Alliance, the delegated approval limits would need to be re-considered, as appropriate.

DDF

DDF

Current risks were being managed for RTT, income and expenditure in relation to the block contract arrangements for the first six months and non-recurrent funding above tariff for 2014-15. In terms of governance arrangements, it was noted that regular reports from the Alliance would be presented to the Executive Performance Board and the Finance and Performance Committee.

IDA

The Interim Director of Financial Strategy requested that discussion be held with the Head of Planning and Business Development in respect of any opportunity that Asterol might be able to offer to the Alliance. It was suggested that consideration be given to transfer to UHL of capital assets (in terms of equipment) that were used by the Alliance given that the cost of the depreciation of the assets was paid by UHL.

IDA

IDFS

In response to a query regarding whether the Alliance was on the audit of governance arrangements programme scheduled for 2014-15, the Head of Strategic Finance provided assurance that meetings had been scheduled with Internal Auditors in order to be included in the audit programme.

The Chief Operating Officer requested the Interim Director of the Alliance to liaise with the Clinical Director, ESM in respect of a query raised at the Executive Performance Board meeting on 24 June 2014 in relation to the turnaround time of typing letters.

IDA

**Resolved – that (A) the contents of paper J be received and noted;**

**(B) delegated order and expenditure approval limits for Alliance staff be notified to the Audit Committee;**

DDF

**(C) further to the substantive appointment of the Director of the Alliance, the delegated approval limits be re-considered, as appropriate;**

DDF

**(D) the Interim Director of the Alliance to present regular reports on the Alliance contract to the Executive Performance Board and Finance and Performance Committee;**

IDA

IDA

**(E) the Interim Director of the Alliance to liaise with the Head of Planning and Business Development in respect of any opportunity that Asterol might be able to offer to the Alliance;**

**(F) the Interim Director of Financial Strategy to give consideration to the transfer to UHL of capital assets (in terms of equipment) that were used by the Alliance given that the cost of the depreciation of the assets is paid by UHL, and**

IDFS

**(G) the Interim Director of the Alliance to liaise with the CMG Director, ESM in respect of an issue raised at the EPB meeting on 25 June 2014 re. typing of letters.**

**68/14 PERFORMANCE**

**68/14/1 Month 2 Quality, Finance and Performance Report**

Paper K 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 May 2014 and a high level overview of the Divisional Heatmap report. The Chief Operating Officer reported on the following aspects of UHL's operational performance:-

**Diagnostic test waiting times** – on target for the second consecutive month;

**Cancelled Operations** – % of short notice cancellations in May 2014 was achieved at 0.8%. The number of patients breaching the 28 day rebook standard in May 2014 (UHL and Alliance) was 3 with 96.1%;

**RTT admitted and non-admitted** – Trust level compliant non admitted performance was expected in August 2014 and trust level compliant admitted performance was expected in November 2014. Responding to a query from the Committee Chair, the Chief Operating Officer advised that work was underway for additional in house activity, mostly out of hours and weekends and consideration was being given to provision of additional capacity through local independent sector providers in order to progress earlier compliance and recovery of the admitted standard. Responding to a query from Ms J Wilson, Non-Executive Director in respect of RTT patients, the Chief Operating Officer undertook to include an update in the Q&P report on how clinical risks for long waiting patients was being managed. In response to a query from the Committee Chair regarding a letter from the East Leicestershire CCG re. the running of "ghost clinics", the Chief Operating Officer briefed members on the current booking practices.

COO

**2 week wait cancer target** – non compliant for April 2014. Work was in progress to ensure additional capacity was in place to bring performance back on-track;

**Delay Transfers of Care (DTC)** – the methodology of calculating DTC percentage had been amended in the report to align to the methodology in the NTDA guidance notes. This had generally increased the % of DTCs and there was not one month in the last year where the threshold of 3.5% was achieved. The Committee Chair queried the scope to charge local authorities for the delays in patient transfers once the period of acute care had been completed, in response the Interim Director of Financial Strategy agreed to review the position within the context of the overall contract;

**Choose and Book** – slot availability performance for May 2014 was 26%, a deteriorated position from April 2014;

**Stroke TIA** – the percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral for May 2014 was 58.8% against a national target of 60.0%, and

**Ambulance Turnaround times** – further to a request, the Chief Operating Officer agreed to include this indicator on the performance dashboard/heat map.

COO

**Resolved – that (A) the month 2 Quality, Finance and Performance report (paper K) and the subsequent discussion be received and noted, and**

**(B) the Chief Operating Officer be requested to include the following items in future iterations of the Q&P report:-**

- how clinical risk for long waiting RTT patients was being managed, and
- ambulance turnaround times.

COO

68/14/2 Progress Report on Referral to Treatment (RTT) Improvement Plan

**Resolved** – that an update on the RTT improvement plan was discussed under Minute 68/14/1 above.

68/14/3 Clinic Letter Update

Further to Minute 58/14/3 of 28 May 2014, the Chief Operating Officer presented paper M, updating the Committee on progress with reducing the backlog of outpatient clinical letters which was also presented to the Executive Performance Board on 24 June 2014. CMGs had been asked to review and confirm their specialty level plans to the Chief Operating Officer by 30 June 2014 for achieving the four internal standards listed under section 2 of paper M.

COO

It was noted that for those areas not using Dictate IT and using WinScribe on its own, the system reporting was not available to generate the reports on how many outpatient letters were over ten days and therefore this had to be calculated manually. The Non-Executive Directors of the Committee expressed concern over the increasing backlog and noted the need for a turnaround plan. The Chief Operating Officer undertook to present the Specialty level action plans including a trajectory for improvement to the Executive Team in July 2014.

**Resolved** – that (A) the progress report on reducing the backlog of clinical letters be received and noted, and

(B) the Specialty level action plans including a trajectory for improvement in respect of the outpatient letters waiting to be typed be presented to ET in July 2014.

COO

69/14 **FINANCE**

69/14/1 2014-15 Cost Improvement Programme

Mr A Allen, Director, Ernst Young attended for this item. Further to Minute 57/14/1 of 28 May 2014, the Chief Operating Officer introduced paper N, advising that the current value of schemes on the CIP tracker was £41.94m and the risk adjusted total was £31.19m (against the target of £45m). The table on page 2 showed the risk-adjusted value of schemes by CMG as at 13 June 2014. A full list of current CIP schemes which included the current RAG rating and estimated FYE value was detailed in appendix 1. The Committee particularly noted the following actions being progressed with a view to increasing the value of the 2014-15 programme (as set out in section 4 of paper N):-

- (1) focussed work within the CMG management teams supported by the embedded EY resources. The contract with EY would come to an end in July 2014, discussion was on-going re. the support required going forward;
- (2) work to identify and drive additional savings through a number of Trust-wide schemes;
- (3) short term measures to reduce run-rate expenditure/tighter controls ;
- (4) plans to reduce headcount – all managers had been asked to review their establishments and identify posts which could be safely dis-established. To guide this process CMGs and Corporate Directorates were set a target of 2%. Although Corporate Directorates had identified some workforce reductions, the CMGs had found this challenging. A buddy system was now being rolled out whereby Executive Directors would provide additional support to CMGs, to review their plans and identify any additional measures, and
- (5) service reviews in loss-making specialties – positive feedback had been received

from Vascular Services and Trauma and Orthopaedics in respect of the service reviews that had been undertaken.

Mr M Allen highlighted that the delivery of actual savings in months 1 and 2 was in line with the forecast. He advised that there was a wide reaching programme of work underway to close the gap against the £45m in-year savings target and he remained confident that it was possible to do so. A paper was tabled which detailed the outpatient key performance indicators for the ENT service.

Responding to queries on how workforce savings were going to be achieved, Mr M Allen highlighted the following points:-

- (a) clinical workforce – nursing and medical staff costs at UHL were higher in comparison to peer organisations. There was a need for length of stay to be decreased and day case rates to be increased and work was underway to map this in detail, and
- (b) the need for reducing the cost of posts by reducing banding and introducing posts with skill mix changes.

In further discussion on this issue, the Committee Chair requested that an update on the 5 year workforce plan figures, workforce implications through current CIP schemes and workforce savings identified through the workforce review be presented to the Finance and Performance Committee in July 2014.

IDFS

**Resolved – that (A) the 2014-15 CIP update be received and noted, and**

**(B) an update on the 5 year workforce plan figures, workforce implications through current CIP schemes and workforce savings identified through the workforce review be presented to the Finance and Performance Committee in July 2014.**

IDFS

69/14/2 Report from the Interim Director of Financial 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.**

69/14/3 Cash Flow/Treasury Management/Working Capital Strategy

**Resolved – due to time constraints, this item be deferred to the Finance and Performance Committee in July 2014.**

TA

69/14/4 Reference Costs

**Resolved – due to time constraints, this item be deferred to the Finance and Performance Committee in July 2014.**

TA

## 70/14 SCRUTINY AND INFORMATION

70/14/1 Clinical Management Group (CMG) Performance Management Meetings

**Resolved – that the action notes arising from the May 2014 CMG Performance Management meetings (paper Q) be received and noted.**

70/14/2 Executive Performance Board

**Resolved – that the notes of the 27 May 2014 Executive Performance Board meeting (paper R) be received and noted.**

70/14/3 Quality Assurance Committee (QAC)

**Resolved** – that the 28 May 2014 QAC Minutes (paper S) be received and noted.

**71/14 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE**

Paper T provided a draft agenda for the 30 July 2014 meeting and it was agreed that the agenda would be further discussed at the F&P agenda pre-meet.

**Resolved** – that the items for consideration at the Finance and Performance Committee meeting on 30 July 2014 (paper T) be noted.

**72/14 ANY OTHER BUSINESS**

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

**73/14 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD**

**Resolved** – that the following issues be highlighted verbally to the Trust Board meeting on 26 June 2014:-

- Minute 67/14/1 – positive development in the CHUGGS CMG;
- Minute 67/14/3 – risks around abortive expenditure if the Emergency Floor business case was not approved;
- Discussion under Minute 67/14/5;
- Minute 67/14/6 – E-Rostering – need for appropriate engagement with medical staff;
- Minute 68/14/1 – issues re. Delayed Transfers of Care;
- Minute 68/14/1 – clinical risks for long waiting RTT patients;
- Minute 68/14/3 – clinical risk in relation to backlog of outpatient letters, and
- Discussion under Minute 69/14/2.

**74/14 DATE OF NEXT MEETING**

**Resolved** – that the next Finance and Performance Committee be held on Wednesday 30 July 2014 from 8.30am – 11.30am in Seminar Rooms A and B in the Clinical Education Centre at Leicester General Hospital.

The meeting closed at 11:36am

Hina Majeed, Trust Administrator

**Attendance Record 2014-15**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair)	3	3	100%	P Hollinshead	3	3	100%
J Adler	3	3	100%	G Smith *	3	3	100%
I Crowe	3	2	66%	J Wilson	3	3	100%
R Mitchell	3	3	100%				

\* non-voting members