University Hospitals of Leicester NHS
NHS Trust

**Trust Board paper K**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 2 JUNE 2011**

**COMMITTEE: Finance and Performance Committee**

**CHAIRMAN: Mr I Reid, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 27 April 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 5 May 2011.**

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

**None.**

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

**None.**

**DATE OF NEXT COMMITTEE MEETING: 25 May 2011.**

**Mr I Reid – Non-Executive Director**
**26 May 2011**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON WEDNESDAY 27 APRIL AT 9.15AM IN THE BOARD ROOM, VICTORIA BUILDING LEICESTER ROYALINFIRMARY**

**Present:**
Mr I Reid – Non-Executive Director (Committee Chair)
Dr K Harris – Medical Director
Mr R Kilner – Non-Executive Director (up to and including Minute 40/11)
Mr M Lowe-Lauri – Chief Executive
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr A Seddon – Director of Finance and Procurement
Mr J Shuter – Deputy Director of Finance and Procurement
Mr G Smith – Patient Adviser (non-voting member)

**In Attendance:**
Mr A Brown – Medical Lead, Planned Care (for Minute 33/11)
Mr C Carr – Performance Improvement Manager (for Minute 34/11)
Ms E Meldrum – Assistant Director of Nursing (for Minute 34/11)
Ms D Mitchell – Divisional Manager, Planned Care (for Minute 33/11)
Mr J Roberts – Assistant Director of Information (for Minute 34/11)
Dr N Rudd – Cancer/Haematology CBU Clinical Lead, Planned Care (for Minute 33/11)
Mrs J Scarfe – Finance and Performance Manager, Planned Care (for Minute 33/11)
Ms H Stokes – Senior Trust Administrator

**RESOLVED ITEMS** **ACTION**

**29/11 APOLOGIES**

Apologies for absence were received from Dr A Tierney, Director of Strategy and Ms J Wilson, Non-Executive Director.

**30/11 MINUTES AND ACTION SHEET**

**Resolved – that the Minutes and action sheet of the Finance and Performance Committee meeting held on 24 February 2011 be approved as a correct record.**

**31/11 MATTERS ARISING**

In addition to the issues itemised on the agenda, members considered the report on matters arising from previous Finance and Performance Committee meetings (circulated as paper B).

32/11/1 LLR Councils' Funding of Long-Term Care Provision – Impact on UHL (Minute 18/11/1)

The Chief Operating Officer/Chief Nurse advised that a further update on the position of LLR Councils was not now expected before Summer 2011. UHL had responded to the consultation document, and continued to discuss the issue (potentially affecting up to one-third of UHL patients) through the LLR-wide review of the emergency care system. The Chief Executive noted the need for UHL to focus any significant effort on key areas which could successfully be influenced, thus targeting readmission and length of stay in respect of younger patients. As a key area, the position in respect of older patients (including links to reablement monies and readmissions) would continue to be monitored closely, but the Chief Executive advised that discussion on these issues would most effectively be held at Chief Executive Officer level. **CE**

**Resolved – that the Chief Executive be requested to progress this issue appropriately at LLR Chief Executive Officer level.** **CE**

32/11/2 Development of Output Metrics in respect of Consultant Costs (Minute 21/11/2 of 24 February 2011)

The Committee Chair queried the timescale for progressing work on this issue – in response, the Medical Director and the Chief Operating Officer/Chief Nurse outlined the various related workstreams currently underway including Consultant jobplanning, CIP planning, and increases CBU use of PLICs. The Medical Director recognised the need for sensible and appropriate metrics to be developed on this issue which was felt potentially to be a cross-cutting CIP theme. It was agreed to provide an outline report to the June 2011 Finance and Performance Committee meeting, identifying how the plan to develop output metrics in respect of Consultant costs would be monitored. **MD/ COO/ CN**

In response to a comment from Mr R Kilner, Non-Executive Director, it was advised that benchmarked activity information by Consultant was already available through PLICS and externally for certain groups such as Cardio-Thoracic Surgeons.

**Resolved – that the Medical Director and the Chief Operating Officer/Chief Nurse be requested to report to the 29 June 2011 Finance and Performance Committee identifying how the overall plan on developing output metrics in respect of Consultant costs, would be monitored.** **MD/ COO/ CN**

32/11/3 Redeployment of Medical Staff Following the Easing of Winter Pressures (Minute 5/11/5 of 27 January 2011)

Noting the continued pressure in the system, it was advised that efforts to reduce agency and locum use would be progressed through a review of CIPs and activity pressures. This item could therefore be removed from the Finance and Performance Committee matters arising report. **STA**

**Resolved – that the position be noted.**

32/11/4 Report by the Chief Operating Officer/Chief Nurse (Minute 4/11/2 of 27 January 2011)

**Resolved – that this Minute be classed as confidential and taken in private accordingly.**

**33/11 DIVISIONAL USE OF PLICS – PLANNED CARE DIVISION**

Mr A Brown, Medical Lead, Ms D Mitchell, Divisional Manager, Dr N Rudd, Cancer/ Haematology CBU Clinical Lead, and Mrs J Scarfe, Finance and Performance Manager, attended to present on the Planned Care Division's use of the patient level information and costings system (PLICS – paper C). The Planned Care presenters noted in particular:-

(a) the robust PLICS training programme in place within the Division, and Planned Care's interest in the availability of any additional licences. In response, the Director of Finance and Procurement advised that although the overall number of Trust licences could be increased if necessary, he was aware that not all licences were currently being used;

(b) the Division's particular use of PLICS to identify loss-making specialties and then explore the granular detail within such areas. PLICS also enabled a review of the top-performing and bottom loss-making HRGs;

(c) the relatively high level of clinical engagement with PLICS within the Division;

(d) the detailed picture within trauma (as the biggest loss-making area within orthopaedics) as illustrated in paper C, and the actions taken by that CBU to address the issues highlighted by PLICS. Significant work was underway to improve coding as a key factor in this area, although scope for efficiencies (eg in

length of stay) was also being explored, and

(e) the use of PLICS within the Cancer/Haematology CBU, which was at a slightly earlier stage than within orthopaedics. The CBU was currently reviewing clinical variations by Consultant with the aim of standardising processes and clinical practices. A key issue within this CBU, however, related to the allocation of NICE drugs and related costs.

In discussion on the presentation, the Finance and Performance Committee:-

(1) noted the apparently significant losses within cancer services, and queried whether UHL was an outlier on this issue. In response, the Divisional Manager noted the varying picture within that CBU, with only outpatients making a loss (thought to be linked to the aforementioned NICE drugs issue). The Director of Finance and Procurement commented on the need for further work to place these service costs correctly, and on national issues relating to chemotherapy outpatient tariffs. Following a 2011-12 baseline reset, however, it was hoped to see an overall improvement;

(2) queried whether the Trust would be in a position fully to realise any coding-related gains, in light of wider contract constraints. This would depend on the degree of variation, and the Director of Finance and Procurement also emphasised the wider clinical (eg non-financial) benefits of improved coding. He also requested that appropriate metrics be developed by Planned Care in respect of musculo-skeletal coding, to demonstrate and measure improvement. In agreeing to this request, the Divisional Manager also noted her recognition that the cost issues within orthopaedics would not be addressed through coding improvements alone, with efficiencies also required to reduce overall specialty costs. It was further noted that PLICS would also be applied when considering any requested repatriation work; **DM/PC**

(3) noted the Committee Chair's request that future PLICS reports also include a column showing the cost per episode in respect of the top and bottom 10 HRGs; **DFP**

(4) noted (in response to a query) that not all Consultants within Planned Care were using PLICS to the same degree;

(5) queried the level of joint working with other Divisions regarding measures to reduce overall costs. In response, the Divisional Manager confirmed that discussions had been held with Clinical Support in particular to explore how both Divisions could reduce costs in (eg) theatres. Pathology and radiology cost issues were also being explored jointly by the Cancer/ Haematology CBU and the Clinical Support Division, and

(6) noted the Divisional Manager's view that Planned Care was now moving beyond the stage of questioning the validity of the PLICS data. The Director of Finance and Procurement reiterated the need to strip out costs which might currently be inappropriately located, and the Finance and Performance Committee requested a date by which Planned Care would have resolved data anomalies and costed its service HRGs correctly and reliably. Planned Care agreed to have undertaken this task by the end of quarter 1/July 2011, and the Finance and Performance Committee noted the need to apply this requirement to all Divisions. An update would be scheduled accordingly for the 29 June 2011 Finance and Performance Committee meeting. **DM/PC** **DFP**

Following the departure of the Planned Care representatives, the Finance and Performance Committee also noted the need to encourage the Division to bench-mark its services with other peer Trusts. **DFP**

**<u>Resolved</u> – that (A) the presentation on PLICS use within the Planned Care**

**Division be noted;**

**(B) the Director of Finance and Procurement be requested to advise all Divisions of the need to include information on the cost per episode for each of the top and bottom 10 HRGs, within PLICS reports;** **DFP**

**(C) the Planned Care Divisional Management Team be requested (via the Chief Operating Officer/Chief Nurse/Director of Finance and Procurement) to:-** **COO/ CN /DFP**

- **(1) develop appropriate metrics to gauge improvements in musculo-skeletal coding;**
- **(2) implement measures to ensure confidence in the Divisional PLICS data by July 2011/end of quarter 1;**
- **(3) benchmark Divisional services against other peer Trusts, and**

**(D) the Director of Finance and Procurement be requested to advise all Divisions of the need to undertake (C)(2) above, and provide a progress report accordingly to the 29 June 2011 Finance and Performance Committee.** **DFP**

**34/11 DIRECTORATE PRESENTATION – CORPORATE NURSING AND OPERATIONS**

The Assistant Director of Information, the Assistant Director of Nursing and the Performance Improvement Manager accompanied the Chief Operating Officer/Chief Nurse in her presentation on the performance of the Corporate Nursing and Operations Directorates (copy of slides tabled). The presentation drew the Finance and Performance Committee's attention to the following issues:-

(a) the remit and structure of the Corporate Nursing and Operations Directorates, including their budgets and staffing numbers. The Directorates equated to 0.65% and 0.58% of Trust income, respectively;
(b) progress to date on the cost improvement process for 2011-12, in respect of the UHL cross-cutting projects. The presentation identified the SROs identified to date and outlined the supporting project arrangements. The Chief Operating Officer/Chief Nurse noted certain ongoing challenges in recruiting to the proposed Head of Transformational Change post;
(c) the current 2011-12 position and the 2013-14 'vision' for both Directorates in respect of the "6 Ps" (patients, people, process, partnerships, performance, and profitability);
(d) CIP cost reduction plans for both Directorates, including discussions needed on whether all services were UHL core business, and
(e) the overarching intention to consolidate process strengths, enhance decision support, selectively strengthen the Directorate teams, increase commercial acumen and thus support UHL as a patient-centred, high-performing Foundation Trust.

In discussion on the presentation, the Patient Adviser queried whether all sources of patient experience data were captured, and if so, how best to make use of them subsequently. The Chief Operating Officer/Chief Nurse agreed that an overarching, appropriately consolidated approach was preferable, and advised that she was working to reduce the number of individual projects/initiatives. Plans were also in place to refresh the use of patient experience information.

The Chief Operating Officer/Chief Nurse also noted ongoing LLR-wide discussions regarding the future provision of the emergency planning function.

In response to a query from the Director of Finance and Procurement, the Chief Operating Officer/Chief Nurse advised that further work was needed on electronic rostering systems to make their use more effective. This was a recognised workstream for 2011-12.

**<u>Resolved</u> – that the presentation on the Corporate Nursing and Operations**

**Directorates be noted.**

**35/11 2010-11**

35/11/1 Quality, Finance and Performance Report – Month 12

The Chief Operating Officer/Chief Nurse presented paper D outlining the Trust's quality, HR, finance and operational performance position for month 12 (month ending 31 March 2011). A 'heat map' showing Divisions' positions on the range of indicators was also provided. In terms of the highlights of the month 12 report (the quality aspects of which were pursued primarily through the GRMC), the Chief Operating Officer/Chief Nurse noted the following operational performance issues by exception:-

(a) two metrics changes relating to the move to a percentile (rather than a percentage) metric for ED performance, and the use of a 95th percentile measurement for RTT performance based on a changed time of 23 weeks. As of April 2011, minor injury units and walk-in centres would also be excluded from health community performance figures for ED. The Chief Operating Officer/Chief Nurse outlined the potential impact on UHL of these moves to a percentile measurement, noting that the detail of the new requirements was not yet clear. UHL was planning on a 'worst-case' scenario, however. The RTT change would particularly affect any Trusts with long-waiters, and the Chief Operating Officer/Chief Nurse noted the number of additional operations required to offset one breach. The RTT changes and their implications were being discussed with AUKUH, and the Chief Operating Officer/Chief Nurse was also carefully reviewing any impact on quarterly RTT target delivery against the FT compliance framework, as one month's failure would result in failure for the whole quarter (this did not currently apply to the ED target). UHL intended to use quarter 1 of 2011-12 to recover its position in light of the new metrics – for RTT performance this might potentially involve the creation of another daycase ward, with resulting financial implications. The Chief Executive advised the need for early discussion with Commissioners, regarding any additional resources/facilities required to deliver the new targets; **COO/ CN**

(b) the quality finance and performance report for the 5 May 2011 Trust Board would include a list of the new metrics for 2011-12; **COO/ CN**

(c) green performance throughout on operational indicators, with the exception of MRSA and the ED target. In respect of MRSA, LLR-wide discussion continued to develop an appeals process – UHL was likely to appeal on 2 cases for 2010-11. The proposed 2011-12 Clostridium difficile trajectory also remained under discussion with NHS East Midlands, and the Chief Operating Officer/Chief Nurse reiterated previous comments about the challenging nature of that trajectory, and

(d) additional quarterly Board-to-Board meetings were now scheduled between UHL and the PCTs.

In discussion on the quality and HR aspects of the month 12 report, the Finance and Performance Committee noted:-

(1) the continued challenge to meet the VTE risk assessment target (recording element). In response, the Finance and Performance Committee Chair queried whether an electronic recording system would be in place by May 2011. In discussion, the Chief Operating Officer/Chief Nurse noted that PCT agreement was awaited on UHL's request not to receive an April 2011 penalty, given the Trust's imminent introduction of an electronic recording system. The Medical Director advised that manual recording would also continue to take place until the electronic system was fully embedded. The Medical Director also assured the Committee that the VTE risk assessments themselves were taking place;

(2) that readmissions would be discussed in Minute 37/11 below;

(3) (in response to a query) that quarter 4 CQUIN monies were not now being withheld, and

(4) the need for further assurance from the Director of Human Resources as to whether appropriately robust plans existed in respect of UHL's sickness absence target. An update would be sought accordingly at the 25 May 2011 Finance and Performance Committee meeting. **DHR**

The Director of Finance and Procurement outlined the Trust's financial position for month 12, noting UHL's achievement of its forecast £1m surplus in line with plan. The non-pay variance remained unsatisfactory, however, and was likely to be a continuing challenge into 2011-12. Activity pressures remained intense (as reflected at the Executive Team meeting on 26 April 2011) and the Director of Finance and Procurement noted the continuing need to address UHL's run rate. The Trust's annual accounts for 2010-11 had been submitted ahead of the statutory deadline and the Director of Finance and Procurement noted the significant financial achievements in 2010-11, particularly UHL's 102% CIP delivery with a reduced non-recurrent element. In response to a query on Monitor's expectations, the Director of Finance and Procurement considered it wise for the non-recurrent element of the Trust's CIP delivery not to rise significantly. In discussion on the financial elements of month 12 performance, the Finance and Performance Committee Chair requested that a 3-month forecast be included in future reports and also queried the apparent shortfall in 2010-11 capital spend. In response on the latter point, the Deputy Director of Finance and Procurement advised that the underspend would be appropriately managed into UHL's 2011-12 capital programme. **DFP**

Following discussion, the Chief Executive noted UHL's significant achievements in respect of 2010-11 targets, which was echoed by other Finance and Performance Committee members.

**<u>Resolved</u> – that (A) the quality, finance and performance report for month 12 (month ending 31 March 2011) be noted;**

**(B) the Chief Operating Officer/Chief Nurse be requested to discuss the implications of addressing the new RTT and ED requirements, with Commissioners;** **COO/ CN**

**(C) the Director of Human Resources be requested to provide an update on plans to improve sickness absence rates, to the 25 May 2011 Finance and Performance Committee, and** **DHR**

**(D) the Director of Finance and Procurement be requested to include a 3-month forecast in the monthly quality finance and performance report, from month 1 onwards.** **DFP**

**36/11 2011-12**

36/11/1 <u>2011-12 Financial Plan</u>

The Director of Finance and Procurement advised that this item had been fully covered in the 2011-12 UHL annual operational plan submitted to the Trust Board on 7 April 2011.

**<u>Resolved</u> – that the position be noted.**

36/11/2 <u>2011-12 Efficiency Update</u>

Joint paper F from the Director of Finance and Procurement and the Chief Operating

Officer/Chief Nurse provided an overview of UHL's 2011-12 CIP status, together with a progress report on PLICS and reference costs. To date, £32.2m had been identified against a 2011-12 CIP requirement of £38.2m – following a risk assessment review by the Risk Assurance Manager, there were no outstanding 'high risk' schemes. Paper F also detailed the project management arrangements in place for the 14 UHL cross-cutting CIP themes, which were anticipated to yield further additional savings. In respect of PLICS, the Director of Finance and Procurement noted the Divisional presentation at Minute 33/11 above, and reiterated the need to move to a position of reliable, accepted data. He also noted the relatively low number of clinical users to date. In discussion on the 2011-12 efficiency update, the Finance and Performance Committee:-

(a) noted a query from Mr R Kilner, Non-Executive Director, as to the escalation trigger for "unsatisfactory" Divisional progress on CIPs;
(b) noted the Committee Chair's view that CIP progress must be tracked in a comprehensive, overarching manner, with no hived-off areas such as procurement savings. He also queried the detail of the £6.1m of cross-cutting schemes and commented that it would be useful to have a synopsis of those schemes and their timelines for delivery (given that some might span multiple years); **DFP**
(c) voiced concern that some project management staff were not yet recruited. The Chief Operating Officer/Chief Nurse advised that Divisional leads would progress relevant schemes in the interim, with appropriate corporate support;
(d) queried the measures in place to mitigate the 'high risk' rating of 56% of the Acute Care Division's CIP schemes. The Chief Operating Officer/Chief Nurse confirmed that CBUs and Divisions had been asked to ensure appropriate contingencies were built into their CIP plans. The Chief Operating Officer/Chief Nurse and the Director of Finance and Procurement also intended to review each CBU regularly (possibly quarterly), to check progress on both CIPs and quality aspects. Divisional managers would also be appropriately involved in those reviews, and
(e) discussed whether it would be beneficial for the Finance and Performance Committee to receive CBU-level presentations, as well as Divisional ones (suggested by Mr R Kilner, Non-Executive Director, who was encouraging the Acute Care Division to apply the '9-box model' to all of its CBUs). Following discussion, it was agreed that it would be preferable for the Committee's Non-Executive Director members to highlight any specific CBU concerns in their respective link Divisions, for an appropriate focus during the subsequent Divisional-level presentations to the Finance and Performance Committee. CBUs could possibly be seen by exception, if required. The Chief Executive also noted the need for appropriate assurance on the level of CBU buy-in to the Acute Care Division CIPs. **FPC NEDs**

**<u>Resolved</u> – that (A) the 2011-12 efficiency update be noted;**

**(B) the Director of Finance and Procurement be requested to provide a synopsis of the 2011-12 CIP schemes in future Finance and Performance Committee reports, outlining the scope of the schemes and the timelines for the associated savings to be delivered;** **DFP**

**(C) Non-Executive Director members of the Finance and Performance Committee be requested to keep CBU performance within their specific link Divisions under review, and highlight concerns accordingly for the Divisional presentations, and** **FPC NEDS**

**(D) following (C) above, the Chief Operating Officer/Chief Nurse and the Director of Finance and Procurement be requested therefore to advise Divisions (in advance of their scheduled presentations to the Finance and Performance Committee), of any particular focus required on any individual CBUs.** **COO/ CN/ DFP**

The Chief Operating Officer/Chief Nurse noted the CQUIN report provided to the 7 April 2011 Trust Board, and advised that approximately 400 CQUINS were in place for 2011-12. A UHL management plan had been identified accordingly, together with any transitional support needs. Due to the non-recurrent nature of the funding, however, it was vital that embedding and delivery of the CQUINS took place in the same year. The Chief Operating Officer/Chief Nurse would provide a quarterly reconciliation on CQUINS to the Finance and Performance Committee. In discussion, she advised that unlike the Quality Schedule, all CQUINS had associated financial penalties. **COO/ CN**

**Resolved – that (A) the verbal update on CQUINS be noted and**

**(B) a quarterly CQUIN reconciliation report be provided to the Finance and Performance Committee.** **COO/ CN**

**37/11 READMISSIONS**

In light of the 2011-12 national operating framework requirements, paper G from the Medical Director outlined UHL's position on emergency readmissions within 30 days of previous discharge (elective and emergency), and noted the actions planned to reduce such readmissions. It was recognised that different groups of patients would require varying management strategies and action plans. An SRO appointment for readmissions was still awaited, and monitoring of progress on the readmissions workstream would be through QPMG review of the monthly quality, finance and performance report. In discussion, the Finance and Performance Committee:- **MD**

(a) whether any correlation between length of stay and readmission rates (and between age and admission rates) had been undertaken, and if so how that intelligence was being used. Noting a previous GRMC report on a thematic approach to readmissions, the Medical Director considered that Divisions were aware of the data available but he noted that reducing readmissions was a complex issue with no single solution;

(b) noted that of 1 April 2011, EDU attendance was not classed as an 'admission' – this change would particularly affect self-harmers and drug/alcohol dependents;

(c) noted that any reduction in readmissions (and therefore in penalties) would benefit UHL's financial plan for 2011-12, as that plan assumed a continuation of the current position. The Committee Chair queried whether readmissions reductions were currently contained within any of the Divisional CIP schemes;

(d) noted the crucial importance of joint sign-up to reablement schemes, with Local Authorities, and

(e) voiced significant surprise at the number of readmissions following elective procedures. The Chief Executive suggested that a review of planned care episodes (to cover any associated readmission needs) would be useful – the Medical Director agreed that coding issues played a part, along with transformational change and the need to manage patients' expectations following surgery.

**Resolved – that (A) the update on readmissions be noted, and**

**(B) the Medical Director be requested to ensure appropriate monitoring of progress on readmission reductions, through QPMG review of the monthly quality, finance and performance report.** **MD**

**38/11 THEATRE MODERNISATION PROGRAMME (TMP)**

Paper H from the Clinical Support Division and the Chief Operating Officer/Chief Nurse

assured the Finance and Performance Committee of progress on the 5 workstreams within the theatres modernisation programme (TMP). The newly-appointed SRO and project support for this cross-cutting CIP theme would also sustain momentum on the TMP. The Chief Operating Officer/Chief Nurse proposed to continue to provide the same update report on TMP to both the Finance and Performance Committee and GRMC on a 4-monthly basis, which was now endorsed by the Finance and Performance Committee. In discussion on paper H, Mr R Kilner, Non-Executive Director noted the high level of cancelled slots in March 2011 and queried how robustly CBU Heads were addressing this issue. The Chief Executive also noted that theatre utilisation benefits would only be fully realised if all parts of the care pathway were addressed. Changing practices in theatres would also impact on the transformation required in outpatients. **COO/ CN**

**Resolved – that (A) the update on theatre utilisation be noted, and**

**(B) the Chief Operating Officer/Chief Nurse be requested to provide a 4-monthly progress report on TMP, noting that the same report would also be discussed by the GRMC.** **COO/ CN**

**39/11 REPORT BY THE CHIEF EXECUTIVE**

**Resolved – that this Minute be classed as confidential and taken in private accordingly.**

**40/11 REPORTS FOR INFORMATION**

40/11/1 Vacancy Management Update

**Resolved – that the update on vacancy management be received for information, and the good progress noted.**

**41/11 MINUTES FOR INFORMATION**

41/11/1 Quality and Performance Management Group

**Resolved – that the notes of the Quality and Performance Management Group meeting held on 2 February 2011 be received for information (noting also the cancellation of the March 2011 meeting).**

41/11/2 Divisional Confirm and Challenge Meeting

Although noting members' queries over the cancellation of the March and April 2011 Confirm and Challenge meetings, the Chief Operating Officer/Chief Nurse commented that a significant number of CBU-level confirm and challenge sessions had been held during that period.

**Resolved – that the notes of the Divisional Confirm and Challenge meeting held on 16 February 2011 be received for information.**

41/11/3 Governance and Risk Management Committee

**Resolved – that the Minutes of the Governance and Risk Management Committee meeting held on 24 February 2011 be received for information (noting also the cancellation of the 24 March 2011 meeting).**

**42/11 ANY OTHER BUSINESS**

There were no items of Any Other Business.

**43/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

It was agreed to bring the following issues to the attention of the Trust Board on 5 May 2011:- **FPC CHAIR**

- the issues in confidential Minute 32/11/4 above.

**44/11 DATE OF NEXT MEETING**

**Resolved – that (A) the next meeting of the Finance and Performance Committee be held on Wednesday 25 May 2011 from 9.15am – 12.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary, and**

**(B) beyond May 2011, any future meetings currently scheduled for the Board Room, Leicester Royal Infirmary, be held instead in Conference Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site (any GRMC meetings on the same dates also to relocate accordingly)****** **STA**

****** namely:-**

- **Thursday 28 July 2011;**
- **Wednesday 24 August 2011;**
- **Thursday 27 October 2011, and**
- **Thursday 24 November 2011.**

The meeting closed at 12.30pm

Helen Stokes
**Senior Trust Administrator**