

Trust Board paper G

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 28 MAY 2012

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr I Reid, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 April 2012. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 26 April 2012.

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

NONE

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

Finance and Performance Committee discussions on:-

- 2012-13 UHL Annual Operational Plan, and
- Communication with staff re: 2011-12 year-end position and key messaging for 2012-13.

DATE OF NEXT COMMITTEE MEETING: 23 May 2012

**Mr I Reid – Non-Executive Director and Finance and Performance Committee Chair
22 May 2012**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON
WEDNESDAY 25 APRIL 2012 AT 8.15AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE,
LEICESTER GENERAL HOSPITAL SITE**

Present:

Mr I Reid – Non-Executive Director (Committee Chair)
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse (up to and including Minute 59/12)
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr A Seddon – Director of Finance and Procurement
Mr G Smith – Patient Adviser (non-voting member)
Dr A Tierney – Director of Strategy (from Minute 30/12/4)
Mrs J Wilson – Non-Executive Director

In Attendance:

Ms K Bradley – Director of Human Resources
Dr S Campbell – Divisional Director, Clinical Support (for Minute 57/12)
Mr S Gay – Chief Financial Officer, CCG West (for Minute 57/12)
Ms E Gilman – Transformation Director (for Minute 57/12)
Ms J Halborg – CBU Manager, Acute Care (for Minute 59/12)
Mr S Sheppard – Assistant Director of Finance and Procurement (from Minute 57/12)
Mr J Shuter – Deputy Director of Finance and Procurement
Dr D Skehan – Divisional Director, Acute Care (for Minutes 57/12 and 59/12)
Mrs E Stevens – Deputy Director of Human Resources (for Minute 59/12)
Ms H Stokes – Senior Trust Administrator

ACTION

53/12 APOLOGIES

There were no apologies for absence.

54/12 MINUTES

Mr R Kilner Non-Executive Director reiterated his understanding that the Divisional Managers for Acute and Planned Care had not had sight of the Consultant job plans – in response, the Medical Director advised that all available job plans were on the electronic system and were therefore viewable with the use of an appropriate password.

Resolved – that the Minutes of the Finance and Performance Committee meeting held on 28 March 2012 be confirmed as a correct record, subject to the addition of the Deputy Director of Finance and Procurement as ‘in attendance’.

STA

55/12 MATTERS ARISING FROM THE MINUTES

The following items were noted in respect of the matters arising report at paper B:-

- (a) Minute 41/12/2 – a further report on the development of an ECMO strategy would be provided to the June 2012 Finance and Performance Committee;
- (b) Minute 42/12/2 – data on patient moves at night would be incorporated in to the new format quality finance and performance report from May 2012 onwards;
- (c) Minute 44/12/1 – consideration of pay progression issues would be routed through the Workforce and Organisational Development Committee rather than the Finance and Performance Committee;

CE

**COO/
CN**

- (d) Minute 42/12/3 – work continued with the SHA to understand the East Midlands position as a whole in respect of the ED target, with a further update to be provided therefore to the June 2012 Finance and Performance Committee, and
- (e) Minute 45/12 – appropriate stretch targets for the coding transformation scheme were in development, with work on 4 key specialties being expedited.

CE

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

55/12/1 Further Work to Understand the Changes to the Medicine Tariff (Minute 42/12/1)

The Director of Finance and Procurement considered that further work was needed with the Medicine CBU fully to understand the reasons behind this position, and he acknowledged that this was disappointing. The amount of coding resource dedicated to Medicine was currently under review (as the most likely root cause of the issue), and a further update would be provided to the May 2012 Finance and Performance Committee. In response to concerns from Mr R Kilner Non-Executive Director, the Director of Finance and Procurement outlined progress on recruitment to a substantive Divisional Finance and Performance Manager post for Acute Care.

DFP/
COO/
CN

Resolved – that an update on the review of coding resource within the Medicine CBU be provided to the 23 May 2012 Finance and Performance Committee.

DFP/
COO/
CN

56/12 2011-12

56/12/1 Quality Finance and Performance Report – Month 12

Paper C provided an overview of UHL's operational, quality, HR and finance performance against national, regional and local indicators for the month ending 31 March 2012. As per recommendations from External Audit, the narrative accompanying the report now differed between the Finance and Performance Committee and the GRMC, focusing on finance issues and quality issues respectively. In introducing paper C (and prior to discussion on its financial elements) lead Directors noted the following points by exception:-

- (1) a dramatic reduction in RTT (referral to treatment) patient waits, which was welcomed. Discussions continued with Commissioners re: appropriate payment levels, noting the nature of further correspondence received from CCGs on 24 April 2012;
- (2) continued discussions with CCGs regarding actions in respect of UHL's ED performance and reinvestment of any penalties;
- (3) Commissioner agreement that it would not be appropriate to impose a cancer warning notice, given that UHL was delivering on this target;
- (4) UHL was awaiting the outcome of the 27 April 2012 breast screening accreditation visit, which would determine whether extended screening was introduced from June 2012. In respect of bowel screening, accreditation of other NHS centres was awaited;
- (5) further information on cancelled operations would be provided to future Finance and Performance Committee and GRMC meetings through the quality finance and performance report;
- (6) continuing work to develop appropriate actions plans re: the stroke CQUIN, and
- (7) agreement of the readmissions clinical audit methodology.

In discussion on the operational/quality/HR aspects of the month 12 report (and Divisional heatmap) members:-

(a) noted assurance from the Chief Operating Officer/Chief Nurse (in response to a query) that work was in hand to identify any pinchpoints in respect of future cancer activity (as per discussions at the April 2012 GRMC). Plans had also been agreed to monitor referral rates

over the next 6 weeks;

(b) queried what LLR-wide work was underway to address the March 2012 high ED attendance levels. Noting the need to agree a common base of information, the Chief Executive advised that a joint meeting of all parties had been arranged to agree underlying data and its interpretation. In a further comment, Ms J Wilson Non-Executive Director voiced concern that data agreement had been a longstanding issue. The Chief Operating Officer/Chief Nurse acknowledged the need to progress key LLR-wide actions (eg bed distribution issues), which she hoped would be aided by further engagement with CCG clinicians;

(c) noted the view of the Medical Director that 'exams' *per se* had not been the reason for the fall in the outpatients patient experience scores – he queried why exams had impacted on clinic scheduling given that exam dates were set significantly in advance, and

(d) queried whether there was any correlation between the higher sickness absence level and the increased bank/agency spend. The Director of Human Resources agreed the need for further work on these linkages (including also the impact of staff taking annual leave in month 12 ahead of year end), with a report to be provided accordingly to the June 2012 Finance and Performance Committee.

DHR

The Director of Finance and Procurement then reported on UHL's financial position for month 12 as detailed in paper C, noting the achievement of a break-even position (with a very small surplus). March 2012 had been a non-standard month, however, and the Director of Finance and Procurement advised that certain contractual pressures were still being discussed (having emerged at year-end). An outline of the factors behind UHL's year-end position was now tabled for members' information, and the Director of Finance and Procurement particularly noted the need to understand the Planned Care Division's month 12 adverse performance of approximately £800,000. The Finance and Performance Committee Chair noted his continuing concerns re: forecasting capability.

Following discussion on the month 12 financial position and on the Annual Operational Plan at Minute 58/12/1 below, the Finance and Performance Committee agreed it would be helpful to see details of the upside and downside cases for 2012-13 before the 26 April 2012 Trust Board, taking appropriate account of:-

DFP

- (i) the 2011-12 issues remaining to be resolved and the quantum of the potential associated variance with Commissioners;
- (ii) the position re: CQUIN penalties, and
- (iii) red-rated cost improvement programme (CIP) plans for 2012-13.

Resolved – that (A) the month 12 quality finance and performance report (month ending 31 March 2012) be noted;

(B) links be explored between the month 12 rise in agency/bank spend, rise in sickness absence, and potential year-end increase in annual leave that month, with the outcome to be reported to the 27 June 2012 Finance and Performance Committee, and

DHR

(C) the financial risks and opportunities (downside/upside) facing the Trust, including potential CQUIN penalties in 2012-13, be articulated to the Trust Board ahead of 26 April 2012 (see also Minute 58/12/1 below).

DFP

56/12/2 PLICS/SLR Update

Paper D updated members on progress in embedding PLICS/SLR usage within the Trust, noting increasing user requests for timely data. The Finance and Performance Committee Chair requested that future updates include appropriate trend data within the bubble diagram.

DFP

Resolved – that future PLICS/SLR updates include appropriate trend data within the

DFP

bubble diagram.

57/12 TRANSFORMATION

57/12/1 Comments from the Finance and Performance Committee Chair

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

57/12/2 Update on 2012-13 Transformation Schemes and CIPs

The Director of Finance and Procurement presented an update on the Trust's 2012-13 cost improvement programme (CIP) and transformation schemes, noting that £28.7m CIPs had been identified to date and RAG rated as part of a multifaceted risk assessment process. The Director of Finance and Procurement emphasised that the current 'red' RAG rating of £5.9m CIPs did not relate to any clinical risk – rather it reflected phasing/deliverability/project support issues. The Trust's 2012-13 £32m (or 4.5%) savings plan comprised £27m CIPs and £5m of transformation schemes, the latter of which had not yet been through the same risk assessment process. CIPs were seen primarily as internal efficiencies, rather than major process changes which would fall within the transformation remit. Although the Transformation Board would drive the strategic direction of UHL's transformation programme, performance management and CIP reporting would be the responsibility of the Divisions. In addition to the current overarching report, CBU-level depictions of progress on the transformation schemes were also in development. In discussion on the presentation, the Finance and Performance Committee noted:-

(a) (in response to a query) that approximately £1.5m CIPs had been delivered in April 2012. The actual number of schemes involved in that April 2012 delivery would be circulated to members outside the meeting;

DFP

(b) assurance from the Director of Finance and Procurement that all 2012-13 CIPs would be green or amber rated by the end of June 2012. In a dynamic process, further CIPs would also be developed to take the place of any schemes which did not progress beyond a red rating, and the Finance and Performance Committee Chair noted the need for as speedy as possible a movement of schemes to a green/amber rating. In response to a query from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, it was confirmed that none of the Women's and Children's Divisional CIP schemes were included in the red rated quantum;

(c) the level of resource and support available to CBU/specialties, with external support having been brought in for a number of areas. It was vital to make CIP development and delivery part of 'normal business' for CBUs;

(d) the need to strengthen control over UHL's run rate, to a greater degree than in 2011-12;

(e) a query from the CCG representative (also raised at a previous meeting with UHL), relating to the phasing of the CIPs and their full year effect – it was agreed to provide this information to the CCG representative outside the meeting;

DFP

(f) a request for future updates to include additional information on the CIP pay/non-pay split, and how far the savings involved bank/agency/WTE reductions, and

DFP

(g) the recognised need for month-by-month visibility on progress, to enable the Finance and Performance Committee to scrutinise the position and ensure that appropriate action was taken in the event of slippage. It was confirmed that a CIP tracking report would be available from April 2012 onwards.

- Resolved** – that (A) the number of CIP schemes delivering savings in April 2012 be confirmed to members outside the meeting; **DFP**
- (B) the full-year effect of the 2012-13 CIP schemes be confirmed to the Chief Financial Officer West CCG, outside the meeting, and **DFP**
- (C) further information be included in future CIP updates, re:- **DFP**
- (1) the pay/non-pay split of schemes, and
- (2) the level of bank/agency/substantive workforce reduction assumed.

57/12/3 View from the Transformation Director

Ms E Gilman, Transformation Director then presented her view to date on UHL's transformation programme, noting the crucial importance of clinical engagement and cultural/behavioural change. Generally, staff were keen to have more information on the 3 key transformation workstreams, and appropriate communication/dissemination plans were therefore also crucial. An appropriate business case for transformation support would also be brought to the Finance and Performance Committee and Trust Board in due course, as appropriate. In discussion on the presentation from the Transformation Director (and noting the additional assurance gained from it), the Finance and Performance Committee:-

- (a) queried how much of the transformation programme was already included in UHL's 2012-13 Annual Operational Plan, and what the additional scope for savings might therefore be; **DFP/ DS**
- (b) queried what further action could be taken by Executive/Non-Executive Directors to ensure delivery of the transformational schemes; it would be helpful therefore to have an 'aide memoire' highlighting 5-6 key messages to share with staff during walkabouts; **TD/ DFP**
- (c) noted comments from the Divisional Directors that (correctly) badging the transformation schemes as care and quality improvements would enhance staff involvement and buy-in;
- (d) sought assurance on the wider plan to deliver the required cultural and behavioural change. This would be discussed further at the Trust Board development session scheduled for 18 May 2012, and the Director of Human Resources outlined the various OD discussions already held by the Executive Team – Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair considered it would be helpful for Non-Executive Directors to have sight of that additional work already undertaken, prior to the session on 18 May 2012; **DHR/ DS**
- (e) noted comments from the CCG representative, relating to CCG engagement with GPs and also to the assurance gained by CCGs (re: the level of clinical leadership on the CIPs) at the 24 May 2012 meeting with UHL. Although recognising that there were risks within UHL's Annual Operational Plan, CCGs considered that responsibility for judging the plan to be "safe" lay with the Trust itself – CCG understanding of the process was crucial, however, and Finance and Performance Committee attendance was seen as very helpful in that regard. The CCG representative noted his wish to attend UHL's Finance and Performance Committee on an ongoing basis (for either all or some of the meeting) and thus provide reassurance to his CCG colleagues. The Chief Executive welcomed this offer, and noted also the plans in place for CCG representative(s) to attend UHL's GRMC meeting. Further discussion was naturally needed by the Finance and Performance Committee to determine the most appropriate type of CCG involvement in the meetings, and the approach would therefore be confirmed to the CCGs outside the meeting (once agreed). In further discussion, Finance and Performance Committee members noted the need for an appropriately mutual, 2-way relationship in terms of CCG attendance at meetings, and **DFP**

(f) queried the timescale for receiving further detail on delivery of the transformation programme – it was agreed to provide an interim report to the May 2012 Finance and Performance Committee with a more substantive update (reflecting Divisional/CBU level input) in September 2012 including the development of a 2-3 year strategy (linked also to UHL’s LTFM and integrated business plan).

TD/DFP

Resolved – that (A) the level of transformation scheme savings already reflected in the 2012-13 AOP be clarified to members in future updates;

DFP

(B) 5-6 key messages on the transformation programme be provided to Non-Executive Directors for use in walkabouts;

DFP/TD

(C) an interim update re: deliverability of transformation schemes be provided to the 23 May 2012 Finance and Performance Committee, with a more detailed update then to be presented to the 26 September 2012 Finance and Performance Committee;

DFP/TD

(D) the work already undertaken on refreshing the OD Plan/organisational innovation and experience be circulated to Non-Executive Directors for information ahead of the 18 May 2012 additional Trust Board development session, and

DHR

(E) appropriate consideration be given to the best way to engage with CCG representatives in terms of potential Finance and Performance Committee membership.

DFP/CE

58/12 2012-13

58/12/1 2012-13 Draft Annual Operational Plan (AOP)

Paper F comprised the latest iteration of UHL’s 2012-13 AOP, reflecting the comments from the 5 April 2012 Trust Board. The Patient Adviser welcomed the significant improvements made to this iteration, and queried how progress against/delivery of the plan would be monitored – in response, the Director of Strategy noted the role of UHL’s Provider Management Regime (plus action plans where required) submissions to the SHA, supplemented by scrutiny at Divisional and Transformational Board level, and monitoring at Trust Board Committee level (through the Finance and Performance Committee, the GRMC and the Workforce and Organisational Development Committee). Although welcoming this clarity, the Patient Adviser noted the need for the public to be kept informed of progress against the AOP, and he queried whether the Trust Board agenda would therefore include an overarching review.

DS/CE

In further discussion, and recognising the points made by the Patient Adviser, Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair queried how far the statements of intent within UHL’s AOP were aligned with the CCG/PCT statements of intent, noting the need to ensure appropriate convergence between the plans. Ms Wilson also suggested a need for clarity on the governance framework for working with Commissioners on the organisations’ plans, which the Chief Executive would consider further. Members agreed that a common starting point in terms of information and metrics was key, and also supported a need to streamline and focus performance reporting in an appropriate governance framework.

In further discussion on the AOP, the Finance and Performance Committee:-

- (a) sought assurance on what different approach would be enacted in 2012-13 to ensure of delivery of the crucial ED target. Mr R Kilner, Non-Executive Director also reiterated

his previous view that the ECN plan should be appended to UHL's AOP as a key supporting workstream – the Director of Strategy agreed to circulate the finalised ECN plan to members outside the meeting, and

DS

(b) suggested changing the current wording (in both the AOP and the Strategic Risk Register/Board Assurance Framework) in respect of Commissioner behaviour being a risk to ED delivery, to adopt a more partnership based tone;

MD

(c) noted that monthly progress was monitored in respect of the CQUINs, and

(d) queried whether CCGs would be applying ED penalties in quarter 1 of 2012-13 – in response, the Chief Operating Officer/Chief Nurse noted the need for further discussion between all parties to reach an agreed position.

Following discussion on the AOP, the Finance and Performance Committee therefore agreed a need for additional assurance on the following issues, ahead of the 26 April 2012 Trust Board:-

FPC
CHAIR

(1) the financial aspects of the plan (the risks/opportunities information to be provided in Minute 56/12/1 above would address this);

(2) ED performance and delivery, and

(3) working with Commissioners.

Resolved – that (A) the following issues within the 2012-13 AOP be highlighted to the 26 April 2012 Trust Board as needing further assurance:-

FPC
CHAIR

(1) the financial risks and opportunities facing the Trust, including potential CQUIN penalties in 2012-13;

(2) ED performance delivery, and

(3) UHL's approach to working with Commissioners (linked also to appropriate alignment of UHL/LLR statements of intent within their respective plans)

(B) the references to Commissioner behaviour being the biggest risk to ED delivery be reworded (same references to be revised within the SRR/BAF);

MD

(C) consideration be given to how best the Trust Board could publicly monitor progress against the AOP, and how to ensure that appropriate common metrics were developed between UHL and LLR partners more generally, and

DS/CE

(D) the finalised ECN plan re: LLR emergency care system be circulated to members for information.

DS

58/12/2 Month 1 Position – Early Indications

Although still too early for definitive conclusions re: activity, the Assistant Director of Finance and Procurement advised that the Trust's month 1 contracted headcount spend was the lowest for 2 years. An update on the month 1 financial position against plan and also compared to March 2012 would be available for the 26 April 2012 Trust Board however. As approved at the 5 April 2012 Trust Board, a second Voluntary Severance Scheme was being run by the Trust in 2012-13, and the Director of Human Resources noted the need to ensure that recent Panel 2 staff appointments had resulted in a correlating fall in bank/agency spend. Divisional Directors commented that Divisions were keen to move to a more autonomous position as soon as possible (in respect of staff appointments and also the weekly metrics) – in noting this point the Finance and Performance Committee Chair advised of a need for a common understanding of what was meant by the term 'earned autonomy'.

DHR

COO/
CN

Resolved – that (A) a reconciliation be undertaken to check that recent appointments through Panel 2 had resulted in a corresponding fall in bank and agency spend, and

DHR

(B) the agreed definition and operating parameters of "earned autonomy" be clarified

COO/

to Divisions.

CN

58/12/3 Phase II Work

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

58/12/4 Provider Management Regime

Resolved – that this item be removed from future Finance and Performance Committee agendas, as requiring discussion by the full Trust Board.

ALL

58/12/5 NMET/SIFT/MADEL/MPET Funding Changes

Reporting verbally, the Director of Finance and Procurement advised that the key risks due to funding changes lay with MADEL and (primarily) SIFT monies. A detailed report was being prepared for the Executive Team by Dr S Carr, Associate Medical Director, who was leading UHL work on this issue (linked also to the ongoing education review within UHL). The Finance and Performance Committee Chair requested a further update to a future meeting on arrangements re: medical trainees (including cost-benefit aspects), the timescale for which would be agreed outside the meeting.

**DFP/
MD**

Resolved – that the timescale for a further update on medical trainee issues and an overall cost-benefit analysis, be confirmed to the Committee Chair outside the meeting.

**DFP/
MD**

58/12/6 Community Elective Activity Tender – Update

The Director of Finance and Procurement reported verbally on this issue, noting the 14 May 2012 milestone of formal bundle release. The PQQ was due for return by 6 June 2012, with subsequent contract award in October 2012.

Resolved – that the monthly update on the community elective activity tender be noted.

59/12 JUNIOR DOCTOR RECRUITMENT – ED

Paper H detailed UHL's current position re: the national and local implementation of specialty recruitment for junior doctors (for August 2012). Although the position would be clearer after June 2012, early indications highlighted 3 areas of concern reflecting national shortages (paediatrics, anaesthetics, and the Emergency Department [ED]), with actions for each as outlined in paper H.

With particular regard to ED (as the focus for this item), the Acute Care Divisional Director outlined the overall programme of change underway in ED, linked to developments also within related care pathways. Biweekly meetings were being held to review staffing and discuss the recruitment position. In addition to actions for recruiting to specific posts, it was also planned to launch an education programme to enhance UHL's ED profile nationally and also appoint a post-graduate medical education lead and support post for the trainee programme. Recruitment to non-training posts had also proved very successful. The Divisional Director commented on the Division's wish to rebalance away from a large number of junior posts, and he noted improvements to SpR recruitment levels within ED. In response to a query, it was confirmed that the current junior doctor recruitment situation in ED was significantly improved compared to previous years, although the position in Anaesthesia was worse than previously due to national changes in the application process.

In response to a query as to whether the current shortfall of 2 ED Consultants would impact on quarter 2 delivery of the ED target, the Acute Care Divisional Director noted the additional

impact of closer working with both acute physicians and geriatricians in ED. A further national advertisement for ED Consultant posts would also be run in June 2012. In further discussion, the Chief Executive cautioned against over-fragmentation of roles and emphasised the need for a clearly identified ED leader.

Resolved – that the update be noted.

60/12 CONSULTANT JOB PLANNING – TRAINING PLANS

The Medical Director advised that a training package had now been developed, and would be cascaded out to CBUs. It was intended to have the Consultant job planning training completed by the end of June 2012.

Resolved – that the update on the Consultant job planning training package be noted.

61/12 ITEMS FOR INFORMATION

There were no items for information.

62/12 MINUTES FOR INFORMATION

The Chief Executive requested that an appropriate update on the outcomes from the 7 March 2012 interactive QPMG session be provided to the May 2012 QPMG (already agenda'd).

Resolved – that the following sets of Minutes/action notes be noted for information:-

- (1) 21 March 2012 Confirm and Challenge action notes;**
- (2) 29 March 2012 GRMC Minutes, and**
- (3) 7 March 2012 QPMG action notes.**

63/12 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper L comprised a draft agenda for the 23 May 2012 Finance and Performance Committee – this was approved with the following additional items:-

- (i) progress report on the 2012-13 transformation schemes;
- (ii) review of medicine coding resource, and
- (iii) inclusion of an assessment of potential penalty risks within the month 1 quality finance and performance report.

STA

Resolved – that the 23 May 2012 Finance and Performance Committee agenda be approved subject to the additions outlined above.

STA

64/12 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

In discussion on this item, members queried what communication would be held with staff regarding (i) the 2011-12 year end position and (ii) scene-setting for 2012-13. Although a year-end message had been sent out to staff, the Executive Team recognised the need for enhanced internal communication methods generally, and to improve the checking of whether those messages were being appropriately received and embedded. Members agreed the need for further Trust Board consideration of these issues, and agreed to highlight this discussion to the Trust Board through these Minutes.

**FPC
CHAIR**

Resolved – that the following items be highlighted to the Trust Board through these Minutes:-

- (1) feedback on the Committee's consideration of the 2012-13 Annual Operational Plan (Minute 58/12/1), and
- (2) the discussion re: communications, as outlined above.

65/12 ANY OTHER BUSINESS

There were no items of any other business.

66/12 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 23 May 2012 from 9.15am in the **C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.**

The meeting closed at 12.20pm

Helen Stokes
Senior Trust Administrator