

Trust Board paper G

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 JULY 2011

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr I Reid, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 May 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 2 June 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:

- the month 1 financial position (Minute 49/11/1), and
- month 1 efficiency and productivity headlines (Minute 49/11/3).

DATE OF NEXT COMMITTEE MEETING: 29 June 2011.

**Mr I Reid – Non-Executive Director
28 June 2011**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE
HELD ON WEDNESDAY 25 MAY 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
Mr M Lowe-Lauri – Chief Executive (up to and including Minute 49/11/2)
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)
Mrs J Wilson – Non-Executive Director

In Attendance:

Ms C Blakemore – Divisional HR Lead (for Minute 48/11/4)
Ms K Bradley – Director of Human Resources
Mr U Mistry – Finance Lead, HR (for Minute 48/11)
Mr P Mukherjee – Consultant, A&E (observing) (excluding Minute 49/11/1 and 49/11/2)
Mrs E Stevens – Deputy Director of Human Resources (for Minute 48/11)
Ms H Stokes – Senior Trust Administrator

RESOLVED ITEMS

ACTION

45/11 APOLOGIES

Apologies for absence were received from Dr A Tierney, Director of Strategy. The Finance and Performance Committee Chair welcomed Mr P Mukherjee, Consultant in A&E, to the meeting in an observer capacity. Mr Mukherjee thanked the Committee for allowing him to observe the meeting.

46/11 MINUTES AND ACTION SHEET

Resolved – that the Minutes and action sheet of the Finance and Performance Committee meeting held on 27 April 2011 be approved as a correct record.

47/11 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).

47/11/1 LLR Councils' Funding of Long-Term Care Provision – Impact on UHL (Minute 32/11/1)

The Chief Executive noted ongoing discussions on this issue, including the possible use of a third party to track patients' progress. A further update would be provided to the Finance and Performance Committee on 28 July 2011.

CE

Resolved – that the Chief Executive be requested to provide a further update to the 28 July 2011 Finance and Performance Committee meeting.

CE

47/11/2 Quarterly CQUIN Reconciliation Report (Minute 36/11/3)

The Chief Operating Officer/Chief Nurse advised that she would confirm the schedule for future Finance and Performance Committee reporting on the quarterly CQUIN reconciliation, to the Senior Trust Administrator outside the meeting.*** The quarterly reconciliation exercise itself would begin in month 4.

**COO/
CN**

Resolved – that the Chief Operating Officer/Chief Nurse be requested to confirm the scheduling of the Finance and Performance Committee report on the quarterly CQUIN reconciliation report, to the Senior Trust Administrator outside the meeting.

COO/
CN

***** post-meeting note – first report subsequently confirmed as being to the 24 August 2011 Finance and Performance Committee.**

47/11/3 4-Monthly Report on Theatres Modernisation (Minute 38/11)

The Chief Operating Officer/Chief Nurse confirmed that the 4-monthly reporting on theatres modernisation would begin at the 28 July 2011 Finance and Performance Committee meeting. The same report would be submitted to both Finance and Performance Committee and GRMC.

COO/
CN

Resolved – that the first of the 4-monthly update reports on theatres modernisation be provided to the 28 July 2011 Finance and Performance Committee and GRMC meetings, and scheduled accordingly thereafter.

COO/
CN

48/11 HUMAN RESOURCES

48/11/1 HR Directorate Performance – Presentation

The Director of Human Resources, the Deputy Director of Human Resources and the Finance Lead for the HR Directorate attended to present the Directorate's performance (slides as detailed in previously-circulated paper C). The presentation highlighted:-

- (1) the baseline costs, remit, and staffing base for the Human Resources Directorate – although it had finished 2010-11 with a surplus of approximately £132,000 connected with JIF monies (Joint Investment Framework), this masked significant differentiated positions between the Directorate's various functions. In terms of WTEs, it was noted that the historic inclusion of certain FY2 medical staff had been removed for 2011-12 onwards;
- (2) the Directorate's 2010-11 achievements, including the merging of recruitment teams to improve service quality, efficiency and delivery, leadership of the medical locum project, delivery of a £540,000 recurrent CIP, management of the influenza staff vaccination programme, an increase in appraisal rates to 95.5% and a decrease in sickness absence rates to 3.2%, introduction of the Apprentice scheme and project search, being a finalist in the e-Government Awards for Shared Services, the launch of UHL's childcare vouchers brand (with anticipated associated savings), and implementation of first-stage on-line portals for staff;
- (3) the HR vision for 2011-12 and beyond, positioning the Directorate as a serious business partner offering timely and effective support, process excellence, developing UHL as a supportive and learning organisation, greater use of e-technologies, supporting UHL's FT application and maximising appropriate income opportunities. The presentation also provided further detail on the vision for each of the specific HR functions (generalist HR; learning and organisational development; HR systems and payroll; workforce development and information; occupational health, and AMICA);
- (4) the HR Directorate's financial plan for 2011-12 including a good position against the planned £201,000 CIP requirement, and
- (5) the need to review the current capability and capacity within the HR Directorate, given the significant number of senior management posts removed in 2010-11.

The Director of Human Resources also noted a recent disappointing meeting with NHSLA inspectors, which had identified a significant amount of further work required to reach NHSLA level 2 by December 2011 in respect of training and development.

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

- (a) noted the suggestion from Mr R Kilner, Non-Executive Director, that the quality of HR staff also be reviewed using the 9-box model, as part of the capability and capacity review mentioned in (5) above. The Deputy Director of Human Resources confirmed that this was already being used, and noted that a review of administrative and clerical HR staff had also begun. In further discussion, Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair considered that it would be helpful to develop an 'HR dashboard' in respect of the capability and capacity review, for quarterly monitoring through the Workforce and Organisational Development Committee; **DHR**
- (b) queried how the HR team was preparing for the increasing challenge on continuing UHL workforce reductions. The Director of Human Resources acknowledged that this was recognised as a priority issue, with central HR support required by Clinical Divisions and other Corporate Directorates. The new role of HR Business Partners was also key in helping Divisions/Directorates to understand their own workforce needs better and thus develop integrated workforce and CIP plans. The HR Division was also working closely on UHL's cross-cutting CIP themes;
- (c) suggested that it would be helpful to develop a profile of UHL's required HR workforce skillmix, looking at needs from now until 2014-15 – this could perhaps be reviewed through the Workforce and Organisational Development Committee on a 6-monthly basis. The Director of Human Resources advised that detailed modelling had not yet been undertaken, although she noted her view that the number of senior grades was unlikely to reduce further. It was also noted that UHL would submit a 5-year 'horizon' view as part of its FT application; **DHR**
- (d) noted a request from the Chief Executive that the benefits of additional Advanced Nurse Practitioner roles be appropriately quantified before being rolled out further within UHL. The Chief Operating Officer/Chief Nurse agreed to conduct a 3-month cost-benefit review of UHL's experiences with ED Advanced Nurse Practitioner roles, and report accordingly to the Finance and Performance Committee thereafter; **COO/
CN**
- (e) noted comments from the Chief Executive regarding the potential for revisiting Agenda for Change, although recognising the merits of a national approach on this;
- (f) noted the view of the Director of Finance and Procurement that similar challenges faced both his own Directorate and Corporate HR, including the need to ensure that the most appropriate support was being provided to Divisions. He specifically queried who had overarching responsibility for reinforcing the medical locum project within UHL, and noted the need also for appropriate further work on wider UHL retention and recruitment issues;
- (g) noted a query from the Director of Finance and Procurement as to how the current HR structure fitted with 'lean working' practices, noting the need for an appropriately flexible workforce and development of process excellence. Although recognising this point, the Director of Human Resources noted the significant cultural challenge this entailed, and
- (h) queried how UHL's 2010-11 recruitment figure sat with the need for overall workforce reductions. The Director of Human Resources clarified that this

recruitment figure included trainee doctors and advised that she would confirm the remaining recruitment figure to the Finance and Performance Committee outside this meeting. Future recruitment reports would clarify whether trainee doctors were included/excluded.

DHR

Resolved – that (A) the presentation on the HR Directorate’s performance be noted;

(B) the Director of Human Resources be requested to:-

DHR

- (1) consider developing an appropriate dashboard for the HR capability and capacity review, for quarterly monitoring by the Workforce and Organisational Development Committee;**
- (2) review the scope to model a profile of the HR workforce skillmix required from the current time to 2014-15;**
- (3) confirm (to Finance and Performance Committee members) the actual number of staff recruited in 2010-11 excluding trainee doctors, with future recruitment figures also to clarify whether trainee doctors were included/excluded, and**

(C) the Chief Operating Officer/Chief Nurse be requested to provide a 3-month review to the August/September 2011 Finance and Performance Committee, analysing the effectiveness and cost-benefit of the Advanced Nurse Practitioner role (using ED as a case study).

COO/
CN

48/11/2 Plans to Reduce Sickness Absence Rates

Paper D outlined the progress made in reducing sickness absence levels within UHL and noted the further work required to maximise staff attendance. It was calculated that each % point of sickness absence equated to a cost of approximately £3.32m per year, and cost £0.5m in cover terms. The cost of ‘presenteeism’ (staff working when unwell) related to the potential for errors/incidents. Appendix 1 of paper D showed the reduction in the overall annual and quarterly sickness absence trend from 2006 to date, whilst appendix 2 detailed the quarterly sickness absence rate by Division/Directorate since quarter 4 of 2010. There was significant variation between UHL areas despite consistent central HR support, and it was noted that areas with low sickness absence rates were generally characterised by strong local management/leadership.

It was recognised that a strengthened approach was now needed to reduce UHL sickness absence rates further, as these had seemingly plateau’d at between 3.5-4%. Section 5 of paper D outlined the proposed further measures, including revision of the Trust’s management of sickness absence policy. The Director of Human Resources recognised the potential risk to staff side relations in adopting the measures set out at section 5.3, and noted the suggestion that the discussions on these changes would benefit from input from herself and the Chief Executive. In addition to the policy changes, the report also noted a number of other initiatives including an absence co-ordinator role (to be trialled for 6 months) and quarterly formal performance and case review of the top 20 trigger cost centres.

In discussion on the plans to reduce sickness absence rates, the Finance and Performance Committee:-

- (a) voiced support for the changes proposed to the management of sickness absence policy, and queried the scope to strengthen the provisions further in light of the Committee’s view that current sickness absence levels were unacceptable;**
- (b) queried whether CBU leads should be asked to account for their CBUs’ sickness absence rates on a quarterly basis (eg to Finance and Performance Committee);**
- (c) noted HR’s intention to review staff working patterns, to explore any correlation with sickness absence rates (also the impact of any use of incentives/sanctions). The Chief Operating Officer/Chief Nurse commented that short-notice absence**

DHR

DHR

- disproportionately impacted on shifts, with 12-hour shifts being particularly difficult to cover. Nursing shifts overall were to be reviewed, however;
- (d) recognised the different management approach required for short-term/short-notice and long-term absence. It was anticipated that the proposed changes to the sickness absence policy would reduce episodic sickness absence;
 - (e) suggested that the appropriateness of staff attending work when unwell might differ between clinical and corporate areas;
 - (f) queried what preventive steps were being taken to improve the overall health and wellbeing of UHL's workforce and thus reduce sickness. The Deputy Director of Human Resources confirmed that Occupational Health was involved in the current review of wellbeing issues, although acknowledging that further work was needed on certain issues such as (eg) obesity, and
 - (g) noted the need for a clear understanding that staff could be dismissed for unacceptable levels of sickness even if all episodes were genuine. Although the Trust's policy was clear on this issue, the Director and Deputy Director of Human Resources agreed that this could be reinforced to staff and managers. It would also be informative to review the sickness absence dismissals during the last 6 months, to analyse those specific cases.

DHR

Resolved – that (A) (subject to (B) below) the actions outlined in paper D to reduce UHL sickness absence rates, be endorsed;

(B) the Director of Human Resources be requested to explore the scope for further strengthening of the proposed changes to the Trust's policy on managing sickness absence, noting the Finance and Performance Committee's view that current levels were unacceptable, and

DHR

(C) the Director of Human Resources be requested to:-

DHR

- (1) review staff working patterns, to explore any correlation with sickness absence patterns/rates;**
- (2) consider the overall impact of incentives/sanctions of sickness absence rates, and**
- (3) explore appropriate ways to strengthen the message (to staff and managers) that legitimate sickness must still be managed in line with Trust policy.**

48/11/3 Consultants Working on Non-UHL Business

Further to Minute 22/11 of 24 February 2011, paper E from the Director of Human Resources outlined the position regarding potential restrictions on Consultants working non-contracted hours for competing providers. The report summarised the national Cooperation and Competition Panel's September 2009 position on this issue, noting its guidance had been provided to all NHS providers. The CCP position was that it was appropriate for Consultants to work for other organisations in their non-contracted hours even if that resulted in the non-NHS organisation taking profitable work from their NHS employing organisation. Paper E also noted, however, the need for UHL therefore to ensure that the Consultant contract was utilised to best effect, based on robust job planning and time management. The recent appointment of an SRO for the Consultant job-planning cross-cutting CIP was also now noted by the Finance and Performance Committee.

In discussion, the Director of Human Resources also advised the Finance and Performance Committee of a recent specific example – confirmation had now been received from the relevant Divisional Director, however, that UHL would not have been able to tender for the work in question in any event. The Director of Human Resources also noted plans to revisit the overall contractual relationship between UHL and its Consultants, with the LNC.

In discussion on paper E, the Finance and Performance Committee strongly supported the contractual review mentioned above, and advocated the need for UHL to foster an

appropriate entrepreneurial relationship with its Consultant workforce, thus benefiting from any such activity and making UHL an attractive place for Consultants in terms of recruitment. Mr R Kilner, Non-Executive Director, commented that he would be happy to offer further advice and support on this.

DHR

The Director of Human Resources noted that the FT Network was also reviewing this overall issue, in the context of increasing competition generally. The Chief Executive advised tracking progress on discussions re: potential "Surgeons' chambers", and noted that it would be useful to raise this general issue with the Medical Director of a specific commercial organisation due to visit UHL shortly.

Resolved – that (A) the position be noted, and

(B) with appropriate input from Mr R Kilner, Non-Executive Director, the Director of Human Resources be requested to consider a potential future basis for contracting with Consultants in terms of their working, aiming to encourage entrepreneurial behaviour within an appropriate UHL environment.

DHR

48/11/4 Residential Accommodation Update

Paper F from Ms C Blakemore, Divisional HR Lead (who now joined the meeting) outlined the current position and recent developments in respect of UHL's residential accommodation, including the relationship with Western Challenge regarding the Trust's LRI accommodation. UHL's Head of Legal Affairs was currently reviewing the terms of the Trust's lease agreement with Western Challenge, and the Finance and Performance Committee noted 3 key circumstantial changes in recent years which had affected the nature of UHL's accommodation requirements on its hospital sites. This had significantly affected the financial aspect of UHL's arrangements on the LRI site, and paper F detailed the steps taken by UHL to reduce its nominations levels and therefore its financial exposure. In response to a query from the Finance and Performance Committee Chair, it was noted that a 0% nomination level would be possible.

In response to a query, the Director of Human Resources advised of plans to discuss moving the management responsibility for accommodation from HR staff to Estates, with the Director of Strategy. The Finance and Performance Committee also considered that the direct provision of accommodation was not core UHL business, and queried therefore the scope to relinquish this function as soon as possible without incurring unnecessary expense. In addition to seeking a view from other local Trusts as to the potential for possible collective outsourcing, Mr R Kilner, Non-Executive Director, suggested that UHL should approach commercial estate agencies on a non-fee basis, to seek appropriate advice on the way forward. It was agreed that an update on this issue should be provided to the Commercial Executive in due course.

DHR

DHR

Resolved – that the position be noted, and

(B) the Director of Human Resources be requested to:-

- (1) pursue discussions with the Director of Strategy, re: moving responsibility for managing residential accommodation to Facilities from HR;**
- (2) take soundings from other local Trusts to gauge interest in a collective outsourcing of residential accommodation provision;**
- (3) seek appropriate external advice (including commercial estate agencies on a non-fee basis) on options for (2) above, and**
- (4) progress this issue through the Commercial Executive as appropriate.**

DHR

49/11 2011-12

49/11/1 Quality, Finance and Performance Report – Month 1

The Chief Operating Officer/Chief Nurse presented paper G outlining the Trust's quality, HR, finance and operational performance position for month 1 (month ending 30 April

2011). A 'heat map' showing Divisions' positions on the range of indicators was also provided. In terms of the highlights of the month 1 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) appeals lodged by UHL in respect of 2 MRSA bacteraemia cases – if accepted, the Trust's 2010-11 outturn would be 10. April 2011 had experienced 2 cases of MRSA (lower than the previous 3 years) and a root cause analysis had been done on each through the Trust's Infection Prevention Committee. Regrettably, UHL had been advised that the 2011-12 trajectory for Clostridium difficile would not be reduced from the proposed level of 165;
- (b) progress on scheduling additional procedures to meet the changes to the RTT target (as reported to the Finance and Performance Committee on 27 April 2011 – Minute 35/11/1.1 refers). UHL was aiming for a green rating from quarter 2 onwards;
- (c) her intention to provide a report to the 2 June 2011 Trust Board on ED performance, to complement a PCT update on the LLR emergency care transformational programme;
- (d) UHL's achievement of a green rating on the cancer targets for quarter 4 of 2010-11. A green rating also seemed likely for April 2011, subject to certain issues relating to transfer cases;
- (e) achievement of a green rating on patient polling;
- (f) additional information now tabled in respect of appendix 1 (length of stay data), focusing particularly on the Acute Care Divisional position. Discussions were in hand with Community partners, given how the availability of community/rehabilitation beds impacted on length of stay. In response to a query, the Medical Director advised that the significant difference between the translation of length of stay reductions into equivalent elective and non-elective wards, related to the differing volume of throughput, and
- (g) continuing discussions regarding the inclusion of certain UCC data within UHL ED figures. This issue had now been referred to the lead Commissioner for resolution.

COO/
CN

In discussion on the month 1 report, the Finance and Performance Committee noted that certain indicators did not have specific targets, and queried when these would be set. The Chief Operating Officer/Chief Nurse advised that certain of the targets could now be set as the quality schedule had been agreed – the Medical Director also advised that a risk adjusted mortality indicator could be set (subject to any further emerging guidance) as implementation of SHMI had been delayed nationally. It was also noted, however, that not all indicators had targets.

The Director of Finance and Procurement outlined the Trust's financial position for month 1, noting an income variance partly linked to coding methodologies (of approximately £100,000). Certain Divisional variances to plan looked significant, and the Director of Finance and Procurement noted the need to review the operational controls in place. It was agreed that the Finance and Performance Committee Chair would verbally highlight the month 1 financial position to the public Trust Board on 2 June 2011.

FPC
CHAIR

Resolved – that (A) the quality, finance and performance report for month 1 (month ending 30 April 2011) be noted;

(B) the Chief Operating Officer/Chief Nurse be requested to provide a report on UHL ED performance (in addition to any community-wide report on LLR emergency and urgent care system) to the 2 June 2011 public Trust Board, and

COO/
CN

(C) the Finance and Performance Committee Chair be requested to highlight the month 1 position at the 2 June 2011 public Trust Board meeting.

FPC
CHAIR

49/11/2	<u>Report from the Chief Operating Officer/Chief Nurse</u>	
	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
49/11/3	<u>Efficiency Update</u>	
	Paper H provided an overview of the 2011-12 cost improvement programme (CIP) including an update on the specific April 2011 position. The annual CIP for 2011-12 was £38.2m (5.6% of operating costs), with identified schemes of £33.5m as of 25 May 2011. A project management office had been established for the cross-cutting CIP themes, and project initiations documents (PIDs) were emerging – the Chief Operating Officer/Chief Nurse agreed to circulate these electronically for members' information.	COO/ CN
	The CQUIN and quality schedule had now been agreed (tabled for information only), and the Chief Operating Officer/Chief Nurse advised members of early risks on the VTE risk assessment (recording) and discharge letter CQUINs. Quarterly updates would be provided to the Finance and Performance Committee in respect of progress on CQUINs, supplemented by verbal updates in the meantime on any red-rated schemes.	COO/ CN
	In discussion, the Finance and Performance Committee Chair requested that future reports show the CIPs split by recurrent/non-recurrent amount, and that the split between Divisional and cross-cutting CIP schemes be clarified. In response to a further comment, the Chief Operating Officer/Chief Nurse advised that her 2 June 2011 Trust Board paper on ED performance (Minute 49/11/1 above refers) would also cover outflow issues. It was agreed that the Finance and Performance Committee Chair would verbally highlight the 2011-12 efficiency and productivity headlines at the public Trust Board meeting on 2 June 2011.	DFP/ COO/ CN FPC CHAIR
	<u>Resolved</u> – that (A) the position be noted;	COO/ CN
	(B) the Chief Operating Officer/Chief Nurse be requested to email the cross-cutting CIP PIDs to all Finance and Performance Committee members, for information;	
	(C) in future updates to Finance and Performance Committee, the Director of Finance and Procurement and the Chief Operating Officer/Chief Nurse be requested to:-	COO/ CN/ DFP
	(1) include the recurrent/non-recurrent split of CIP plans;	
	(2) clarify the split between Divisional/Directorate specific and Trust-wide CIP schemes, and	
	(D) the Finance and Performance Committee Chair be requested to highlight the efficiency and productivity headlines at the 2 June 2011 public Trust Board meeting.	FPC CHAIR
49/11/4	<u>Reconciliation of WTE Numbers with 2010-11 CIP</u>	
	Papers I and J set out the UHL workforce changes during 2010-11 and detailed the Trust's pay costs and wte reductions. The Director of Finance and Procurement confirmed that agency wtes would also now be included in all future workforce/CIP reports to the Finance and Performance Committee, to enable valid comparison. In discussion, Mr R Kilner, Non-Executive Director, commented on his wish for future vacancy management reports to include further detail on the exit routes associated with the staff reductions, eg whether they involved retirements, redeployments, etc. The Director of Human Resources and the Chief Operating Officer/Chief Nurse agreed to review the presentation of future reports accordingly, informed by the data available on	DHR/ COO/ CN

the ESR. The Finance and Performance Committee welcomed moves towards greater transparency on this issue, and suggested that the graph at section 7.1 of paper I (showing use of agency/bank staff and overtime by month) should be shared with Divisions. The Chief Operating Officer/Chief Nurse noted that some element of agency staffing was always likely to be needed, to provide appropriate flexibility and short-term capacity.

COO/
CN

Resolved – that (A) the position be noted;

(B) in future vacancy management reports (Minute 50/11 below refers), the Chief Operating Officer/Chief Nurse and the Director of Human Resources be requested to include greater detail on the exit route for the headcount reductions, and

DHR/
COO/
CN

(C) the Chief Operating Officer/Chief Nurse be requested to share graph 7.1 of paper I (re: agency/bank/ overtime spend by month) with Divisions, for their information.

COO/
CN

50/11 REPORTS FOR INFORMATION

50/11/1 Vacancy Management Update

Resolved – that the update on vacancy management be received for information (Minute 49/11/4 above also refers).

51/11 MINUTES FOR INFORMATION

51/11/1 Divisional Confirm and Challenge Meeting

Resolved – that the notes of the Divisional Confirm and Challenge meeting held on 18 May 2011 be submitted to the 29 June 2011 Finance and Performance Committee for information.

STA

51/11/2 Governance and Risk Management Committee

Resolved – that the Minutes of the Governance and Risk Management Committee meeting held on 28 April 2011 be received for information.

51/11/3 Quality and Performance Management Group

Resolved – that the notes of the Quality and Performance Management Group meeting held on 4 May 2011 be submitted to the 29 June 2011 Finance and Performance Committee for information.

STA

52/11 ANY OTHER BUSINESS

52/11/1 Finance and Performance Committee Workplan and Forward Agendas

Mr R Kilner, Non-Executive Director, suggested it would be helpful to have a forward workplan for the Finance and Performance Committee, to enable members to see the business scheduled for future meetings. The coming month's business could then be reviewed at each meeting.

FPC
CHAIR/
STA

Resolved – that the Finance and Performance Committee Chair and the Senior Trust Administrator be requested to develop a forward plan of Finance and Performance Committee business, for discussion at each Finance and Performance Committee.

FPC
CHAIR/
STA

53/11 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 2 June 2011:-

- the month 1 financial position (Minute 49/11/1 above);
- the issues in confidential Minute 49/11/2 above, and
- the April 2011 efficiency and productivity headlines (Minute 49/11/3 above).

**FPC
CHAIR**

54/11 DATE OF NEXT MEETING

Resolved – that the next meeting of the Finance and Performance Committee be held on Wednesday 29 June 2011 from 9.15am – 12.15pm in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary. ***

***** post-meeting note – the venue for 29 June 2011 was subsequently changed to rooms 1A & 1B, Gwendolen House, LGH site.**

The meeting closed at 12.15pm

Helen Stokes
Senior Trust Administrator