

Trust Board Paper H

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 28 JUNE 2012

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr I Reid, Non-Executive Director

DATE OF COMMITTEE MEETING: 23 May 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:-

- month 1 position and need for additional assurance re: the likely May and June 2012 positions;
- the challenges experienced in identifying a dedicated communications resource for the LLR FM procurement, and
- the need for clarity on the Executive level lead for transformation.

DATE OF NEXT COMMITTEE MEETING: 27 June 2012

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON
WEDNESDAY 23 MAY 2012 AT 9.15AM IN THE C J BOND ROOM, CLINICAL EDUCATION
CENTRE, LEICESTER ROYAL INFIRMARY**

Present:

Mr I Reid – Non-Executive Director (Committee Chair)
Dr S Campbell – Divisional Director, Clinical Support (on behalf of Dr K Harris, Medical Director)
Mr R Kilner – Non-Executive Director
Ms C Ribbins – Director of Nursing (on behalf of Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse)
Mr A Seddon – Director of Finance and Procurement
Mr G Smith – Patient Adviser (non-voting member)
Dr A Tierney – Director of Strategy (up to and including Minute 75/12)
Mrs J Wilson – Non-Executive Director

In Attendance:

Ms K Bradley – Director of Human Resources (up to and including Minute 74/12)
Mr A Chatten – Head of Estates and Facilities (for Minute 70/12)
Ms E Gilman – Transformation Director (for Minute 71/12/2)
Mr R Gillingwater – Associate Director (Supplies/Operations) (for Minute 71/12/3)
Mr J Shuter – Deputy Director of Finance and Procurement
Ms H Stokes – Senior Trust Administrator

ACTION

67/12 APOLOGIES

Apologies for absence were received from the Chief Executive, the Chief Operating Officer/Chief Nurse, and Medical Director. Those attending on their behalf were welcomed to the meeting.

68/12 MINUTES

Resolved – that the Minutes of the Finance and Performance Committee meeting held on 25 April 2012 be confirmed as a correct record.

69/12 MATTERS ARISING FROM THE MINUTES

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

- (a) Minute 55/12 – information on patient moves at night was included in the new format quality finance and performance report;
- (b) Minute 55/12 – members agreed that a written update on the development of an ECMO strategy would be preferable at the June 2012 Finance and Performance Committee;
- (c) Minute 56/12/1 – analysis indicated that the month 12 rise in agency/bank spend was due primarily to the extra capacity open, rather than to higher rates of sickness absence and/or annual leave in March 2012. A formal update on this issue was not therefore needed at the June 2012 Finance and Performance Committee meeting;
- (d) Minute 57/12/3 – the value of the transformation schemes already included in the 2012-13 AOP would be confirmed to members outside the meeting. With regard to consistency on key messages, a core ‘transformation brief’ was being developed by Executive Directors, and would be circulated to Finance and Performance Committee members for information following discussion at the 25 May 2012 informal Executive

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| Team; | DS |
| (e) Minute 58/12/1 – an update on proposals for public Trust Board monitoring of the AOP would be provided to the June 2012 Finance and Performance Committee (linked to work by the FT Programme Manager to review the provider management regime returns). The ECN Plan was not yet finalised for circulation so would remain on the matters arising report and be circulated once available; | COO/
CN |
| (f) Minute 58/12/2 – although UHL’s contracted headcount continued to fall, non-contracted spend remained above plan due to the additional beds open. That spend was 10% lower in May 2012 than in April 2012. Recruitment restrictions had been relaxed re: nursing staff and clinical posts more generally, and the Director of Nursing considered that these changes were having a positive impact; | |
| (g) Minute 58/12/2 – work continued to agree the definition of ‘earned autonomy’ with Divisions, with an update to be provided to the June 2012 Finance and Performance Committee (reflecting also the Director of Corporate and Legal Affairs’ current work on governance issues), although further discussion was likely to be needed with the Trust Board as a whole on this issue; | DFP |
| (h) Minute 58/12/3 – an update on the Imaging transformation work would be provided to the June 2012 Finance and Performance Committee, including appropriate timescales and clear accountabilities. A view would also be provided on the merits of inviting Finnamore to conclude the work at no additional cost; | DFP |
| (i) Minute 58/12/5 – an update on the medical trainee position within UHL would be provided to the 27 June 2012 Finance and Performance Committee. | MD |

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

69/12/1 Further Work to Understand the Changes to the Medicine Tariff (Minute 55/12/1)

Noting the need for further work to understand and address this issue, the Director of Finance and Procurement agreed to provide an update to the June 2012 Finance and Performance Committee. The Divisional Director Clinical Support suggested that it would also be helpful to flag this issue at cross-Divisional meetings. DFP

In respect of the 2011-12 year-end close, a further meeting was planned with Commissioners on 25 May 2012 to discuss outstanding issues. Queries regarding the position of certain individual services would be discussed further with PCTs/CCGs, including cystic fibrosis, physiotherapy/ occupational therapy, and YDU (the position of the former to be confirmed to Mr R Kilner, Non-Executive Director outside the meeting). DFP

Resolved – that (A) a further update on the review of coding resource within the Medicine CBU be provided to the 27 June 2012 Finance and Performance Committee, and DFP

(B) discussions be pursued with Commissioners re: the position of the individual services outlined above, with the situation re: cystic fibrosis to be advised to Mr R Kilner, Non-Executive Director outside the meeting. DFP

70/12 **LLR FM PROCUREMENT**

The Head of Estates and Facilities attended to brief members on the LLR FM procurement, noting that an update was also scheduled for the 28 May 2012 Trust Board. In his presentation, he noted in particular:-

- (1) the background to the project, including the significant LLR financial challenge and potential opportunity;
- (2) the nature of the procurement as a framework agreement and its division into (i) core

FM services and (ii) transformation services, with a strategic partner sought on the latter in particular;

- (3) the governance structure for the LLR FM procurement project, noting also the involvement of appropriate expert external advisers;
- (4) the results expected from the procurement process, including space savings. It was noted that overall occupancy of the LLR estate currently stood at approximately 53%, and
- (5) the timeline for the project, noting that the competitive dialogue period was approaching its end (extended by a 4-week timeframe with the agreement of all parties).

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

(a) supported the vision underpinning the LLR FM procurement;

(b) queried how staff uncertainties were being addressed during this period. Although noting both the Staff Side representation on the programme board and the regular briefings provided to staff so far, the Finance and Performance Committee requested that the next update on this project also include staffing issues (eg staff awareness of the benefits of this approach, staff communication plans etc). The Director of Human Resources noted generally positive feedback on this project from the May 2012 JSCNC;

DS

(c) noted the difficulties experienced by the programme board in identifying a dedicated communications resource for this project – it was agreed to highlight this issue to the Trust Board accordingly;

**FPC
CHAIR/
DS**

(d) noted a query from the Patient Adviser as to how links with CCGs were being developed/ managed, given that they would be taking over from PCTs in due course (although the contract would be signed by the PCT Cluster as the statutory body). Although noting that CCGs were invited to the various bidder presentations, the Finance and Performance Committee reiterated the need for enhanced direct communication with CCGs by the programme board as a whole, to ensure an appropriate level of awareness. Although supporting this point, the Director of Finance and Procurement noted the overarching context (for CCGs) of competition (albeit after initial collaboration), and also commented on the differential starting points/aims of individual CCGs themselves;

DS

(e) noted (in response to a query from the Patient Adviser) the proposed involvement of Patient Advisers in the project at an appropriate time. Mr G Smith, Patient Adviser member of the Finance and Performance Committee suggested that it would be helpful also to look at wider patient/public involvement beyond 'Patient Advisers' alone;

(f) noted that the Trust (and its partner organisations) would have influence over the final choice of any retail outlets within the sites. Discussions were underway with the WRVS to ensure they were not disadvantaged by the change. In further discussion on on-site retail opportunities, the Director of Human Resources noted the need for appropriate control over reasonable pricing of goods, and asked that further thought be given to this issue;

DS

(g) suggested increasing the (already significant) clinical involvement in the project once it reached the preferred bidder stage, and

(h) queried how dependent UHL was on its partner organisations to achieve its own anticipated space savings, noting the crucial need to understand these interdependencies. The Head of Estates and Facilities acknowledged that UHL space savings would not be achievable in their entirety independent of the project partners.

Resolved – that (A) the presentation on the LLR FM procurement project be noted;

(B) the next such update also address staff communication and awareness issues (eg of the benefits of the procurement);

(C) the challenges experienced in identifying a dedicated Communications resource for the programme be highlighted to the 28 May 2012 Trust Board;

(D) consideration be given to the extent to which UHL could control pricing in future site-based retail outlets, and

(E) appropriate and direct communication take place with CCGs re: the FM procurement programme.

FPC
CHAIR/
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71/12 2012-13

71/12/1 Quality Finance and Performance Report – Month 1

Paper C provided an overview of UHL's operational, quality, HR and finance performance against national, regional and local indicators for the month ending 30 April 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) zero cases of Clostridium difficile. In response to a query, the Director of Nursing considered that the apparent rise in 2011-12 CDT cases at the Glenfield Hospital was due primarily to casemix and inflow changes on that site;
- (2) continued good progress on referral to treatment target requirements, other than in ophthalmology;
- (3) discussions by the 21 May 2012 GRMC re: cancelled operations, and the likely need to review UHL's HDU bed capacity, and
- (4) the Trust's revised policy for the management of sickness absence had now been approved, and would be in place as of 1 June 2012.

In discussion on the operational/quality/HR aspects of the month 1 report (and Divisional heatmap) members:-

(a) noted (in response to a query) the Director of Nursing's view that there was scope for further improvement in the quality measure on the % of TTOs completed prior to the day of discharge. Such improvement would be linked to wider work n discharge processes and also the roll-out of electronic prescribing;

(b) queried the reason for the nursing metrics performance within Resus. This issue had been discussed at the 21 May 2012 GRMC, and was believed to relate primarily to recording;

(c) queried progress on the actions to address the deterioration in fractured neck of femur performance, including the establishment of a dedicated fractured neck of femur ward;

(d) queried how the stroke CQUIN for patients to receive an MRI within 1 hour of arrival would be deliverable within ED. The Divisional Director Clinical Support outlined the complex nature of this CQUIN and noted work to improve the streaming of patients, and

(e) queried whether Finance and Performance Committee should perhaps be monitoring the performance management of areas with the highest sickness rates – in discussion Ms J

Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair clarified that sickness absence issues were monitored through that Committee. Finance and Performance Committee members queried how the 3% sickness absence target would be delivered and suggested that perhaps a change in approach was required. In response to a further query, the Director of Human Resources agreed to confirm outside the meeting the number of UHL managers who had been disciplined for failing to implement the sickness absence procedures appropriately.

DHR

The Director of Finance and Procurement then reported on UHL's financial position for month 1 (£0.4m adverse to the planned £1.4m deficit). The month of April traditionally contained fewer working days than usual, and activity had been well down in low volume high value areas such as ECMO, the Bone Marrow Transplant Unit and renal transplant (it was hoped to have further clarity on these areas by the 28 May 2012 Trust Board). Although disappointing, the Director of Finance and Procurement considered that further work was needed to finalise the month 1 income position. In month 1, the Trust's permanent headcount position had continued to reduce, which was welcomed. The Director of Finance and Procurement also commented, however, on the crucial need to improve UHL's operational capacity to meet demand, in order to avoid performance fines being levied by Commissioners (noting that the AOP contained no provision for fines). As an example, the Divisional Director Clinical Support outlined the particular capacity issues facing UHL's breast screening service (which was the most successful in England in terms of the ratio of appointments offered to those accepted), which meant that UHL was currently unable to offer the age extension to the screening programme.

In discussion on the financial aspects of the month 1 report, the Finance and Performance Committee:-

(i) queried when the extra capacity wards would be closing, and sought clarity on the point at which the cost of running such wards outweighed any additional income derived. The Director of Finance and Procurement confirmed that a ward cost £50,000 per month to run, and noted that additional income was only derived from additional patients rather than from any increased length of stay for existing patients (unless crossing the excess bed days trim point);

(ii) noted (in response to a query) that the increased spend on agency staff compared to the winter months could relate to medical staff and to the need to retain staff (due to continued demand) whose fixed term contracts had ended on 31 March 2012. The Director of Human Resources suggested that it might be helpful to analyse the agency spend by staff group;

DHR

(iii) noted comments from the Finance and Performance Committee Chair that 'actual' spend needed to be appropriately reflected in forecasting;

(iv) noted a proposed new approach to winter planning (as outlined at the 21 May 2012 GRMC), and requested early sight of this at either the July or August 2012 Finance and Performance Committee;

**COO/
CN**

(v) sought assurance that no double-counting featured in the CIP table within the month 1 report. The Director of Finance and Procurement agreed to confirm the individual elements of the programme to Mr R Kilner, Non-Executive Director outside the meeting;

DFP

(vi) reiterated its wish for a month by month forecast to be included within the quality finance and performance report, profiling income and expenditure. Members also queried what 'early warning indicators' would be put in place to monitor forecasting. The Director of Finance and Procurement confirmed that reforecasting would take place on a regular basis from June 2012 onwards, and the Finance and Performance Committee Chair restated his previously-voiced

concerns about UHL's forecasting ability;

DFP

(vii) noted concerns about the income position of the Women's and Children's Division, and suggested that additional transformational support might be required by that Division. The Director of Finance and Procurement noted that additional support was also currently in place within Planned Care, and

(viii) agreed to highlight the month 1 position to the 28 May 2012 Trust Board, and to note the Committee's views that further assurances were required on the likely May and June 2012 positions, in order to avoid any recurrence of the July 2011 situation.

FPC
CHAIR

The Committee then discussed the proposed new format quality finance and performance report as appended to paper C, which would be used from May 2012 onwards. The new format aimed to focus on those issues which required Trust Board-level monitoring and also contained a dedicated page on CQUIN performance. The draft had been shared with UHL's auditors for initial comment. The Finance and Performance Committee welcomed the new format (although the font was somewhat small in places), and also:-

- queried whether different parts of the information might be streamed through different Committees, to avoid unnecessary duplication;
- noted discussion at the 21 May 2012 GRMC about potentially triangulating the quality finance and performance report with CCG reports, to ensure a common starting point/data base;
- queried whether the 'UHL at a glance' section matched the key criteria within the monthly provider management regime (PMR) return and within documents such as (eg) the Trust's Quality Account. Members agreed that it must match the PMR as a minimum;
- queried how to capture softer issues such as those within the annual staff attitude and opinion survey, although noting a lack of monthly data on certain of those issues;
- queried whether the reduced amount of information on readmissions and fractured neck of femur was sufficient;
- suggested that it would be helpful to have an interactive system whereby the high level information was supported by a series of dashboards, for Trust Board members to access if they required further detail.

COO/
CN

Resolved – that (A) the month 1 quality finance and performance report (month ending 30 April 2012) be noted;

(B) the number of UHL managers disciplined for failing to manage sickness absence appropriately be confirmed to members outside the meeting;

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(C) data on April 2012 agency spend be analysed by staff group, for Committee members' information;

DHR

(D) the proposed new UHL approach to winter planning be reported to the July/August 2012 Finance and Performance Committee;

COO/
CN

(E) the individual make-up of the CIPs be confirmed to Mr R Kilner Non-Executive Director outside the meeting;

DFP

(F) the Committee's views be noted re: the potential need for additional transformation assistance within Women's and Children's;

ALL

(G) the month 1 position (and desire for additional assurance re: likely May – June 2012 position) be highlighted to the 28 May 2012 Trust Board, and

FPC
CHAIR

- (H) the following issues be considered re: the draft format of the revised QFP:-
- avoiding duplicating information between different Committees (where possible);
 - matching the 'UHL at a glance' indicators to those within the PMR (thus also shortening the current proposed list), and
 - checking whether fractured neck of femur and readmissions data was sufficiently included in the revised format.

COO/
CN

71/12/2 2012-13 CIPs and Transformation Board Update – Interim Report on Deliverability of the Transformation Schemes

Ms E Gilman, Transformation Director attended to update members on this issue, noting that the transformation programme currently remained very much 'work in progress'. Following a meeting with Divisions on 18 May 2012, it had been agreed to focus on the emergency flow as the key transformation priority for UHL in 2012-13, as a common project across all teams. However, a route map identifying the individual work packages to deliver that project was not yet available, nor had any other priority transformation schemes for 2012-13 yet been identified. The Finance and Performance Committee Chair voiced concern at this slippage and emphasised the need for significant progress to have been made by September 2012. Members also reiterated the need to identify specific transformation schemes to progress as well as the emergency flow project. A timeline for the transformation projects would also be of use.

The Director of Finance and Procurement noted a need to shift the focus of the Transformation Board itself away from CIPs and onto true transformation work. Voicing frustration at the slippage on the transformation programme, Finance and Performance Committee members queried who the lead Executive Director was for transformation – it was agreed to highlight this issue to the 28 May 2012 Trust Board if not satisfactorily clarified at a Remuneration Committee meeting on 25 May 2012. Non-Executive Directors emphasised the absolute need for progress on the transformation programme, and agreed to receive a further update at the June 2012 Finance and Performance Committee accordingly.

FPC
CHAIR

DFP

In further discussion, the Finance and Performance Committee:-

- noted the view of the Transformation Director that a dedicated forum was needed to address operational issues, to avoid them being raised 'by default' through the Transformation Board;
- noted the Director of Strategy's view that the Trust-wide capacity planning work would be in place by 30 October 2012 (in line with the IBP submission timetable) – the roll-out programme would be shared with Finance and Performance Committee members for information. Workforce issues would also need to be resolved by 30 October 2012, to inform the IBP. It was clarified that UHL's annual winter planning would be done before the end of October 2012;
- requested that the June 2012 update include a split of the various projects, divided as (i) true transformation schemes for immediate progression through 2012-13; (ii) 'business as usual' schemes, and (iii) transformation schemes but not for progression in 2012-13;
- queried whether the Transformation Director felt that she needed any additional support from the Finance and Performance Committee. In response, the Transformation Director emphasised the need for 'transformation' to be a recognised, reiterated, and embedded priority within UHL, with staff having a clear and meaningful understanding of 'transformation', and
- requested that future iterations of the Transformation Board report to Finance and Performance Committee include an additional 'delivered' section within the CIP doughnuts.

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DFP

Resolved – that (A) the roll-out programme for the capacity planning tool be shared with Finance and Performance Committee members for information; DS

(B) the next monthly transformation update include a split of the transformation schemes as follows:- DFP

- true transformation schemes, for immediate prioritisation;
- business as usual schemes (therefore not transformation projects), and
- transformation schemes proposed to be deferred/not for immediate prioritisation;

(C) the lead Executive responsibility for transformation be clarified at the 25 May 2012 Remuneration Committee, with this issue to be highlighted to the 28 May 2012 Trust Board if not resolved on 25 May 2012, and FPC CHAIR

(D) future transformation reports to the Finance and Performance Committee (as per paper D) include the 'delivered' CIP amount within the scheme 'doughnuts' (eg an additional section of each doughnut). DFP

71/12/3 Procurement Workstreams

Paper E summarised the key achievements of the UHL procurement and supplies team in 2011-12 and set out key related plans for 2012-13. Some further work was needed to resolve catalogue management processes, and work was also underway to make UHL procurement processes as quick and fair as possible within legal requirements. In discussion on the report, the Finance and Performance Committee:-

(a) noted the view of the Assistant Director (Supplies/Operations) that savings had been missed during 2011-12, through non-compliant purchasing. Members voiced concern at this and queried how to increase compliance;

(b) queried whether the Addenbrookes procurement approach had been considered by UHL (working with a wider external partner to broker savings). Although the Trust had not initially been in a position to progress such an approach, it might be an opportune moment to review UHL's overall purchasing leverage. However, additional internal work would be needed to address fundamental procurement practices before an Addenbrookes approach was pursued;

(c) noted that it had not proved possible to progress the appointment of a Head of Supplies for the Trust;

(d) reiterated previous comments that the level of authorisation for ordering within UHL needed to be reviewed and the number of authorisers rationalised, and

(e) requested a further update on procurement workstreams at the 25 July 2012 Finance and Performance Committee. DFP

Resolved – that the next update on procurement workstreams be scheduled for the 25 July 2012 Finance and Performance Committee. DFP

72/12 **PROGRESS TOWARDS NHSLA LEVEL 2 ACCREDITATION**

Paper F advised members of progress in preparing for the level 2 assessment of the NHSLA acute risk management standards (ARMS). On behalf of the Medical Director, the Divisional Director Clinical Support noted some timescale challenges, given the need for 12 months of evidence at the assessment. The Finance and Performance Committee Chairman queried whether it was feasible to start that 12 month period from September 2012 and thus seek level 2 accreditation in October 2013. He also queried how to ensure that appropriate 'early

warnings'/early indicators were in place. In discussion on this item the Finance and Performance Committee noted:-

- (a) that some of the red criteria in appendix 1 reflected either new standards/ requirements, or areas where the NHSLA requirements were not yet clear;
- (b) the change in approach towards more active programme management, ensuring that declarations were green. Members noted the need to escalate any instances where timely information was not being provided to Lead Officers;
- (c) concerns voiced by Mr R Kilner Non-Executive Director, regarding the Trust's approach on this issue. He considered that the standards should be embedded as 'business as usual', but noted that neither Divisional Directors nor clinicians were cited as Lead Directors/Officers for any of the standards. The Divisional Director Clinical Support noted, however, that the standards were all cross-Divisional/organisational in nature. The Director of Strategy echoed Mr Kilner's concerns (noting the difficulties in securing Divisional information on the security standard) and queried whether the standards featured on either Divisional risk registers or Divisional management board agendas. The Finance and Performance Committee Chair also sought clarity on the nature of the monthly monitoring by the Executive Team, although noting the increased attention being paid compared to 2011-12.

Resolved – that a further update on preparation for the NHSLA ARMS level 2 assessment, be provided to the 29 August 2012 Finance and Performance Committee.

MD

73/12 CQUIN RECONCILIATION QUARTER 4

The Director of Nursing advised verbally that the quarter 4 CQUIN reconciliation had not yet been finalised, noting that the Trust had until 31 May 2012 to lodge any challenges. It was agreed to receive a written update at the June 2012 Finance and Performance Committee, and the Committee Chair queried whether any provision was made for CQUIN non-achievement.

**COO/
CN**

Resolved – that a written update on the quarter 4 CQUIN reconciliation be provided to the 27 June 2012 Finance and Performance Committee.

**COO/
CN**

74/12 COMMUNITY ELECTIVE ACTIVITY TENDER

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

75/12 PRIVATE PATIENT INCOME

The Director of Finance and Procurement advised verbally that this issue remained work in progress, noting the clinical involvement of Mr A Scott, Consultant Surgeon.

Resolved – that the update be noted.

76/12 FINANCE AND PERFORMANCE COMMITTEE ANNUAL REVIEW 2011-12 AND FUTURE FOCUS

Given the agenda pressures of today's meeting, it was agreed to defer discussion of the Committee's future focus until a future meeting.

ALL

Using the Audit Committee annual report as a template, it was proposed to produce a Finance and Performance Committee annual review for 2011-12 (as agreed at the 26 April 2012 Trust Board), for approval at the 28 June 2012 Trust Board. Noting that the Finance and Performance Committee had not foreseen the Trust's July 2011 financial position, within the

**FPC
CHAIR**

annual review Non-Executive Director members favoured also focusing on what had changed since that time. The review should also focus on key strategic (rather than operational) issues going forward, eg those issues with a key financial and strategic impact on the Trust (eg ED, the elective care bundle). It was agreed that the Director of Corporate and Legal Affairs would be asked to draft an outline of the 2011-12 Finance and Performance Committee annual report for circulation to Non-Executive Director members and review at the 14 June 2012 Finance and Performance Committee premeeting, ahead of formal discussion at the 27 June 2012 Finance and Performance Committee.

DCLA

Resolved – that (A) the discussion on the Finance and Performance Committee’s future focus be deferred to a future meeting, and

ALL

(B) a draft 2011-12 Finance and Performance Committee annual review be circulated to Non-Executive Director members ahead of the 14 June 2012 premeeting, for initial discussion at that premeeting and then formal discussion at the 27 June 2012 Finance and Performance Committee.

DCLA

77/12 ITEMS FOR INFORMATION

Resolved – that the following reports be noted for information:-

(1) choose and book update, and

(2) residential accommodation update (noting that a further update would be provided to the 27 June 2012 Finance and Performance Committee).

DHR

78/12 MINUTES FOR INFORMATION

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

(1) 18 April 2012 Confirm and Challenge action notes;

(2) 23 April 2012 GRMC Minutes, and

(3) 2 May 2012 QPMG action notes.

79/12 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper L comprised a draft agenda for the 27 June 2012 Finance and Performance Committee – this was approved with the following amendments:-

STA

(1) addition of updates on (i) plans for the public review of progress against the 2012-13 AOP (linked to the ongoing assessment of PMR reporting); (ii) medicine coding issues; (iii) transformation; (iv) residential accommodation; (v) work with Divisions on the principle of ‘earned autonomy’; (vi) Imaging transformation work; (vii) UHL medical trainee position, and

(2) removal of the FM procurement update (discussed today) and the review of month 12 linkages between increased bank/agency spend and annual leave/sick leave levels (discussed today).

Mr R Kilner Non-Executive Director reiterated the need for the Committee to focus on material, significant issues, and queried why ED performance was not included on the agenda. He also suggested a need for updates on actions to ensure achievement of CQUINs and a standing update on contractual issues (fines/service developments) – the Committee Chair agreed to consider these suggestions further before the next meeting.

**FPC
CHAIR**

Resolved – that (A) the 27 June 2012 Finance and Performance Committee agenda be approved subject to the amendments outlined above, and

STA

(B) the further suggestions above be discussed by the Finance and Performance

FPC

Committee Chair with appropriate Executive Director colleagues ahead of the next meeting.

CHAIR

80/12 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

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

FPC
CHAIR

- (1) month 1 position and need for additional assurance re: the likely May and June 2012 positions;
- (2) the challenges experienced in identifying a dedicated communications resource for the LLR FM procurement;
- (3) the need for clarity on the Executive level lead for transformation, and
- (4) the issues raised in confidential Minute 74/12 above.

81/12 ANY OTHER BUSINESS

81/12/1 Divisional Finance Leads

The Director of Finance and Procurement advised that new finance and performance leads had been appointed for the Acute Care and Planned Care Divisions.

Resolved – that the position be noted.

82/12 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 27 June 2012 from 9.15am in **Rooms 1A & 1B, Gwendolen House, LGH site.**

The meeting closed at 12.35pm

Helen Stokes
Senior Trust Administrator