

Report of the Finance & Development Committee Meeting

Held on 21 January 2013

The following were the key matters considered at the Committee meeting:

1. Workforce Strategy

Committee considered a further draft of the strategy. Key points were as follows: critical to show and evidence the golden thread between organisational vision and objectives, service developments, pathway transformations, workforce numbers and the key organisational development work. We wish to see how the “patient first” culture is to be embedded in delivering the service developments and financial provisions of the IBP. The workforce plan needs to review critically the future balance between substantive staff and temporary employees, demonstrating why where we plan to use temporary employees that is the most appropriate way to meet our objectives. Metrics need to be developed which focus on the key workforce changes and organisational development requirements.

2. FT Insurance Requirements

Noted that additional insurance will be required as an FT and Director of Finance will report back on requirements and costs.

3. 5 Year Capital Programme

Committee approved the £1.9m scheme for educational provision in the Highgate Wing. Committee commended the overall programme including the £10m improvements for maternity and the £2.9m ambulatory care centre.

4. Liquidity

Committee requested the Director of Finance to review all aspects of liquidity to identify the most appropriate way in which to increase the position to a level commensurate with FT requirements. Consideration was also given to the current Monitor consultation document which if implemented will change the liquidity and capital servicing assessment. Director of Finance requested to ensure that the Trust position will meet the requirements of this new assessment criteria.

5. Service Line Management

Committee agreed that the current approach should be further developed by the use of a balanced scorecard, so that we are not merely tracking financial performance but also the key underlying drivers of success (e.g. patient numbers, % utilisation). This will commence in April. Also for 13/14 we will begin to include parts of community services (initially with physiotherapy and podiatry). Reports will be quarterly with critical analysis including trends.

6. Budgetary Process 13/14

Committee agreed the budget process which is consistent with the IBP and LTFM.

7. CIP programme 2012/13 and programmes for 13/14 and 14/15

Progress report showed 89% performance against 12/13 CIP with forecast for year end being 100%. Committee confirmed the importance of ensuring an effective programme management office for the delivery of the CIP programme for the coming years. Committee commended the introduction of the clinical advisory panel as an important component of organisational scrutiny ensuring quality is not compromised in the delivery of CIPs. Committee reviewed the overall 13/14 and 14/15 CIP programme, and indicated that if there remained any red rated schemes targeted for implementation in 13/14 these would need to have substitute schemes identified. Also the percentage of amber rated schemes needs to be reduced in the coming months to ensure that delivery of the 100% base case provision in the IBP. The downside case assumes 90% delivery in year and the mitigations reduce this in year shortfall to 5% by way of identifying additional schemes.

8. ED Overspend Deep Dive

Report and presentation led by the clinical lead and operational manager was considered. Committee commended the work that has been undertaken to stem the level of overspend from earlier in the year, and the strategy presented to deliver the high quality service going forward within the budget available. Committee will monitor delivery of the strategy with a report back in 6 months.