Trust Board Meeting: Wednesday 11 September 2013

TB2013.111

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<th>Title</th>
<th>Finance and Performance Committee</th>
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<th>Status</th>
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<td>History</td>
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<th>Board Lead(s)</th>
<th>Mr Christopher Goard, Committee Chairman</th>
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<td>Key purpose</td>
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1. Introduction

The Finance and Performance Committee met on 14 August 2013. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

2.1. The Committee considered the issues relating to staffing costs and in particular the higher than planned spend on agency and bank. There was a need to focus on recruitment and retention of staff, and the Committee discussed the issues relating to the local job market in attracting and retaining non-clinical staff. The Committee heard that recruitment was underway for and so Divisions will be expected to reduce their use of agency & bank as staffing reaches compliment

2.2. The Committee reviewed the Trust’s operational and financial performance to Month 3. Good performance was noted against the Referral to Treatment target at a Trust level and the 4 Hour target had been achieved in June 2013. Diagnostic waits had reduced, however performance was still above the 1% target. The levels of Delayed Transfers of Care were on a par with winter levels.

2.3. An 11-20% increase in cystoscopies was predicted to coincide with the launch of a national public health campaign related to urology. The Trust had been in discussions with the CCG on the potential impact of this increase in relation to the contract.

2.4. The Committee received a presentation on the Trust’s forecast financial position based on performance to the end of Quarter 1. This included a discussion on the risks associated with achieving the planned surplus and the affordability across the health economy. Divisional performance was also discussed and it was noted that two divisions (Cardiac, Thoracic & Vascular, Surgery & Oncology) would require support to ensure that their forecast deficit positions did not worsen.

3. Key Risks Discussed

The following risks were discussed:

3.1. The level of agency and bank spend was above the same level for the previous year. The Committee recognised that this related to the lag in appointing staff to permanent positions and the issues associated with recruiting staff to a number of high cost areas. Mitigations which were being planned included sourcing permanent staff from other European countries.

3.2. Delivering the planned surplus was noted as a key risk, specifically related to the above planned levels of activity and the impact this had on affordability.

3.3. The risks related to agency and bank spend were discussed and it was agreed to separate the risk to recognise the potential impact on the financial position as well as the risk to the delivery of high quality care.
4. Key decisions taken

The following key decisions were made:

4.1. The Committee agreed to look at the following issues in more detail:

4.1.1. The health community’s response to the high levels of delayed transfers of care;

4.1.2. The report into the high levels of 4 Hour breaches between 23:00 and 06:00 be presented to the Committee in February 2014 once the three consecutive audits had been completed;

4.1.3. The approach to the management of debtors;

4.2. The Committee agreed revised annual cycle of business for 2013/14;

5. Agreed Key Actions

The Committee agreed actions relation to:

- The provision of assurance relating to payments to consultants for additional sessions;
- Review of the risk scores for the risks relating to activity levels.

6. Future Business

The Committee will be focusing on the following areas in the next three months:

- Divisional presentations from EMTA and C&W;
- Review of the Quarter 1 Compact Letters;
- An update on the Trust’s physical estate, focusing on the PFIs’
- Review of the medium and long term financial models;
- Project updates relating to Outpatients and Theatre Utilisation.

7. Recommendation

The Trust Board is asked to note the contents of this paper.

Christopher Goard
Finance and Performance Committee Chairman
August 2013