

Board of Directors Meeting: Thursday 26 March 2009

BD2009.33

Subject	Finance and Performance Committee Meeting			
Purpose of paper	To provide the Board with an overview of the Finance and Performance Committee meeting of Friday 6 February 2009			
Board Lead(s)	Mr Trevor Campbell Davis, Chief Executive			
Background papers	None			
Action/decision required	To note the discussion, and action taken, at the Finance and Performance Committee meeting of Friday 6 February 2009			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goals	SG3: To achieve financial sustainability and long-term growth			
Strategic Objectives	SO10: To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes			
Link to: Board Assurance Framework, Trust Key Risks, Annual health check element(s)	-			
Also considered by	-			
Resource and financial impact	-			
Consideration of legal, equality, diversity, engagement issues	As covered by Committee discussion			
Acronyms and abbreviations used	-			
Author	-			

### **Financial performance**

No new factors had materialised since the report to the Board of Directors meeting on Thursday 29 January 2009. The forecast for the year-end position had not changed since the previous Board of Directors meeting.

### **Operational performance**

No new factors had materialised since the report to the Board of Directors meeting on Thursday 29 January 2009.

Although many hospitals in the geographical area of South Central Strategic Health Authority had cancelled elective clinical activity during the current adverse weather, the Trust had not done so until that day. During this period, the incidence of emergency admissions had been lower than predicted. Although the national year-end process of data validation included consideration of extenuating circumstances, the current adverse weather was unlikely to be allowed for that purpose.

### **Capital Programme**

The NHS financial regime effectively integrated capital and revenue expenditure. The capital programme for 2009/10 must be signed off by 31 March 2009.

### **Infection prevention and control**

The Committee considered the action taken following the recent Department of Health visit. Effective root-cause analysis had led to *eg* an improved hand-washing programme. The Trust's performance was broadly consistent with that of its peer group.

The introduction of pre-admission screening would be mandatory for patients from 31 March 2009, and should be managed as a standard as firmly as *eg* patients' waiting times.

### **The Horton Hospital: paediatric medical staffing**

The Committee considered problems deriving from the current shortage of middle-grade doctors in paediatrics at the Horton Hospital. The skills-mix and roster arrangements in paediatrics were under review.

### **Academic Health Science Centre (AHSC) and Academic Foundation Trust (AFT)**

The Committee considered the processes to achieve accreditation as an AHSC and authorisation as an AFT, and particularly to such governance arrangements as the structure of the Board and of Clinical Centres, and the nature of such bilateral arrangements as the Joint Strategy Committee.

An emphasis in the AHSC application on research was appropriate, since clinical innovation generally started 'on the bench' before being introduced to clinical practice. If

successful, the application would need wide and clear communication, and a communications strategy was to be devised.