

MINUTES OF THE INVESTMENT COMMITTEE
Held on Tuesday, February 7, 2011
Board Room, Murray Building, JCUH

Present

Dr G Ewart	Non-executive Director
Mr C Harrison	Director of Finance
Ms D Jenkins	Trust Chairman (Chair)
Mr D Kirby	Non-executive Director
Mrs J Moulton	Director of Planning
Mrs C Parnell	Company Secretary/Executive Assistant to CEO
Mr S Pleydell	Chief Executive
Mrs P Singleton	Non-executive Director
Mrs B Thompson	Non-executive Director
Prof. R Wilson	Medical Director

In attendance

Mr J Connolly	Head of Financial Planning & Performance
Mr S Gregory	Head of Costing & Contracting

1. APOLOGIES

None

2. MINUTES OF THE MEETING HELD ON DECEMBER 6, 2011

The minutes were agreed as a true record.

3. MATTERS ARISING

Private patient income

J. Moulton said further assessment work was being carried out and she suggested it should be for discussion at the next meeting.

4. MAJOR INVESTMENT REVIEW – ONCOLOGY DEVELOPMENT

J. Moulton explained that the paper largely covered the capital aspects of the development and she asked committee aspects if there were other aspects they would like about the project when it was complete.

D. Kirby said it was a welcome interim report and once the project was complete he would like to have more information on throughput and the impact of the tariff. He queried the spend on software and the under spend on equipment and IT when compared to the original budget, and J. Moulton agreed to get further information on the changes.

D. Kirby also commented positively on services success at recruiting staff and queried changes in staff spend compared to the original business case. J. Moulton explained that the original business case had been generous and the budget had been re-cast as the project progressed.

The committee queried the future marketing of the service and particularly the use of innovative equipment and C. Parnell responded that there had been ongoing proactive publicity while the unit was being built and there were plans to further promote it once all equipment was installed and working effectively.

D. Jenkins queried the impact of any impairment as a result of the valuation of the unit and asked if further information could be contained in the final project outcome report that it was agreed should be complete by the end of 2012-13.

It was agreed that similar reports on the fourth catheter laboratory and the high dependency unit should come to a future committee meeting, while the Board of Directors should consider an outcome report on the investment in regional trauma status.

Actions:

- 1. A final outcome report on the oncology project should be presented to the committee at the end of the 2012-13 financial year.**
- 2. Outcome reports on investment in the fourth catheter laboratory and high dependency unit should be considered by the committee at future meetings.**

5. SERVICE LINE MANAGEMENT BENCHMARKING PILOT RESULTS

J. Connolly gave a presentation of the service line management pilot project in the urology service, which involved exploring the current position, benchmarking against two other trusts and identifying potential opportunities to make savings in consumables. He told the meeting that further work was needed to complete the pilot and emphasised the importance of clinical engagement in the process, as well as the time consuming nature of the work and the need for persistence to achieve results.

J. Moulton highlighted the correlation between the findings of the pilot and the McKinsey work on procurement opportunities to make savings by addressing clinical variation in the use of consumables.

There was an in-depth debate about the potential benefits of rolling out the SLM approach across a number of services, and also how to manage this when resources were also needed to drive forward on opportunities for productivity and efficiencies raised during the recent McKinsey analysis work and bed utilisation review.

P. Singleton stressed the importance of continuing with the pilot to completion and S. Pleydell suggested a piece of work could then be undertaken to identify areas that could benefit from the SLM approach and potential savings that could be made.

Actions:

- 1. It was agreed that C. Newton would look at the work needed to complete the pilot and also identify other areas that may benefit from the SLM approach and potential related savings.**

6. QLIKVIEW DEMONSTRATION

S. Gregory gave a demonstration of the Qlikview system that can be used as a reporting tool for detailed patient level costings.

S. Pleydell said the information contained in the system was absolutely essential to help the trust tackle some key areas of productivity and efficiency, and D. Kirby said that over time using the data should become part of every day service management.

There was an in-depth debate about how the information could be used to inform service change and D. Jenkins queried how access to the system could be rolled out to lead clinicians and managers. She suggested an approach that offered the 100 available licences to interested individuals who could use it as a tool for change.

S. Pleydell said that while it was important to engage people who would enthusiastically adopt the use of the data, he believed that a systematic approach to rolling out its use would be the best way forward. He suggested that the approach could begin by engaging the clinical champions who we're being identified in each division to drive forward areas of potential P&E savings.

Action:

- 1. It was agreed that access to and use of patient level costings as a tool for change be discussed with the divisional clinical champions as they are identified.**

7. ANY OTHER BUSINESS

There were no further items.

8. DATE, TIME AND LOCATION OF NEXT MEETING

The next meeting will be held on Tuesday, 10 April 2012, at 10am in the Board Room, Murray Building, JCUH.