

#TEXTAndy Wood

Finance Director 7.1.02

#CODEA2

Account to MMN -> Andy Wood -> Contractor Deputy Director -> Management. Mb of board and operational Mg group.

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#CODEA3

Devolved Budget Structure. Managed by locality and service. Joint account to FD and Fareham and Gosport locality.

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#CODEA3

Local flexible management?

Autonomous and good communication with e@ division. So long as comply with policies.

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#CODEB1

Local flexible management?

Autonomous and good communication with e@ division. So long as comply with policies.

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#CODEA3

Surplus monies? - look at Trust finance as a whole.

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#CODEA3

Trust OVP. Broke even since 1994. 2001 - 2002 difficult year. Elderly medicine experience pressures -> recruitment, drugs.

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#CODENC

Fareham and Gosport elderly care - good.

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#CODEA3

CRAZ progs? SAFF. Give activity - kept central and tried to prevent impact on operational divisions.

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#CODEA3

2 - 3 years no stress on meeting targets.

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#CODEA3

Elderly services? Medicine. 97 - imbalance some issues. 18 months - 2 years Finances have got worse -> services grown -> recruitment down / agency bills up.

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#CODEA3

Corporate response toward deficit -> new General Manager -> action plan = ongoing budget into balance -> agency and drugs.

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#CODEA3

2001 -2002 = 1 million pound but after plan £330,000 overspend.

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#CODEA2

Responsibility for Elderly Services at GWMH - Fareham and Gosport - Fiona Camerson. Elderly Medicine - Acute management.

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#CODEG9

How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

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#CODEA2

How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

#ENDCODE

#CODEB1

How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

#ENDCODE

#CODEA3

SAFF negotiations being tough? Effect on Elderly Medicine -? Last year no increased input.

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#CODEA3

2 - 3 years ago SAFF input into elderly medicine.

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#CODEA3

Investment for Int Care in Daedalus? Designated Int Care - national money general review.

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#CODEA5

Investment in outside capital? Historical equipping budget - £50,000 - £100,000.

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#CODEA5

Local - GWMH supported by Trust Fund and league of friends. Estates.

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#CODEA3

Elderly people's services balance. No money from CRAZ and SAFF. How address balance - review MSE office budget, agency usage, use of Trust Fund. Mainly short term.

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#CODED1

Longer term = next 2 - 3 years nursing structure. Nurse leadership, clinical leadership.

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#CODEG9

Corporate. Culture -> Trust - distinct culture, open devolved, 4 key practice values - very facilitative.

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#CODENC

Practice Examples

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#CODEB2

Communication - own and aware of trust values.

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#CODEB2

Pounds matter - making sure people are aware of value of spending. Corporate - Trust newspaper, staff letters, monthly info exchange, divisional review process, personal contact, networks.

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#CODEB2

Executive Director - group operational management, group very cohesive - role awareness. Group meets 2 weekly or monthly.

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#CODENC

How quality issues are communicated to board or director? Example

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#CODEJ1

Three complaints - monitoring to be aware of risk events report at divisional review, director board @ trends.

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#CODEJ1

Director board - critical, risk, litigation. Near misses, annual CGR presentation from divisions. Discovered by divisions. Mounting issues -> planning and action. Lo division asked by Business Manager - come and talk to board.

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#CODENC

Member on risk management. Liaises with clinical management etc, confusion is key.

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#CODEB3

Training budgets. Resources - each division has own training budget but particular issues Trust would invest and fund training.

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#CODEB3

Role in Business Planning? - Ops Director and comms - David Barker. - Planning patient focused and clinical?

Board here for support and providing a framework.

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#CODEB1

Clinician and front line staff involvement? Business plans written by reference groups and multidisciplinary groups.

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#CODENC

Not top down view.

How are tensions resolved?

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#CODEA1

Max Mill would act as mediator.

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#CODEB2

Clinical Management. Lead Consultant -> MD. No direct role. Voice heard through divisional meetings.

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#CODENC

Future - move to PCT. Involvement mainly peripheral - financial / quality risks in moving into PCT. No quality risk. Could be financial if local voices are not hear.

Safeguards - local performance improvement plan - broader ownership not aware of knock on in each area.

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#CODEJ1

How first heard about 1998. Board meetings. Directors meeting wards? Not been deliberate. Rotate board meetings so go to different sites.

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#CODEB2

Eileen - empowering clinical leadership, is in harmony with operational remit.

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#CODENC

Since two years ago Eileen's strategy has reduced staff wastage by 1/2.

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