

**Minutes of the Investment and Workforce Committee  
Held on 5th October 2011 13:00 – 15:00  
In AD80, Maple House, East Surrey Hospital, Redhill**

<b>Present</b>	Richard Durban	RD	Non-Executive Director (Chair)
	John Power	JP	Non-Executive Director
	Edward Cooke	EC	Non-Executive Director
	Yvonne Parker	YP	Director of Workforce
	Joe Chadwick-Bell	JCB	Director of Strategy and Transformation
	Lorraine Clegg	LC	Deputy Chief Financial Officer
<b>Apologies</b>	Paul Simpson	PS	Chief Financial Officer
	Michael Wilson	MW	Chief Executive
<b>In attendance</b>	Ian Mackenzie	IM	Director of Information and Facilities
	Julie Wells	JW	Head of Financial Planning (Minutes)

<b>1</b>	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>Apologies for the meeting were received and noted. Lorraine Clegg attended the meeting in place of Paul Simpson.</p>
<b>2</b>	<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>Minutes of the two extra-ordinary Committee meetings (13/09/11 and 20/09/11) were both accepted as an accurate record.</p> <p>EC requested that the use of Acronyms in both the minutes and other Committee Papers be reduced as were not all well-known to the Non-Executive Directors.</p> <p>There were no actions from the extra-ordinary meetings. Actions from the 07/09/11 meeting were reviewed, and where not listed below are either noted as complete or were on the agenda for this meeting.</p> <p><b>Action 2 (C/fwd from 12/07/11): To confirm date of Estates Strategy</b> : IM confirmed that subject to reviewing Divisional Business Plans, the Capital Business Plan for 2012/13 would be available for the end of Q3, with an update of the overall Estates Strategy by the end of Q4.</p> <p><b>Actions from 07/09/11</b></p> <p><b>Action 2: To confirm the appraisal achievement definition and what the 49% represents.</b> YP confirmed that 49% achievement means 49% of Trust staff have had appraisals within the last 12 months. YP confirmed this figure has now increased to 70% and confirmed the Trust is heading to its target of 90%.</p> <p><b>Action 3: To report back to a future Committee meeting on the practicality of carrying out appraisals for all staff at a set point in time, and revisit the issue of linking reward to performance.</b> YP confirmed both are possible. YP confirmed there is a Gateway Policy, which is current, and confirmed there is now a KSF (Knowledge Skills Framework) lead in post, who has started working with the services re KSF outlines and systems.</p> <p><b>Action 4: To confirm there is a programme in place for Medical devices training. To update Training Plan to include Medical Devices training.</b> YP confirmed the Medical Devices Policy has now been approved through Management Board. YP stated there is a room (space) issue, however</p>

	<p>they are doing ad-hoc training on wards. YP confirmed Medical Devices training has been added into the training plan.</p> <p><b>Action 5: To confirm the process for Departmental training spend; how this is linked to organisational needs; and what controls are in place?</b> YP to confirm.</p> <p><b>Action 6: To ensure the Training Plan is updated with Web-based training.</b> YP confirmed E-learning is and has always been in the training plan.</p>
<p><b>3</b></p>	<p><b>WORKFORCE</b></p> <p><u>Workforce Plan (RAG Rated) and PCT Assurance Report</u></p> <p>RD asked what the Committee members thought about the PCT Assurance report (previously the SHA Assurance report) as a document and its structure. YP confirmed the actual content has not yet been validated and is 4 months out of date, so not to focus on the information/output. YP also confirmed that it is submitted to the PCT every 7 weeks and that it is the PCT that RAG rate it. RD therefore asked members whether we need to see both the PCT document and the Workforce Plan at these Committee meetings?</p> <p>RD felt the SaSH (One Page summary) Workforce Plan was more about actions and how we are doing it, whereas the PCT document was about assurance and looking backwards, and was not as precise as the SaSH Workforce Plan.</p> <p>JP asked whether the PCT report is useful to the Workforce Department, or whether they complete it just as an exercise for the PCT. YP confirmed it is a live document and is used within the department. YP also confirmed that there are meetings every 7 weeks with the PCT to review the outputs.</p> <p>A discussion took place and it was agreed that the Committee would see the PCT Assurance report only, if extra columns could be added and the content sharpened up (e.g. to include additional information on major deliverables i.e. timescales and accountability). It was also agreed that the PCT Assurance report would be reviewed at the Committee bi-monthly.</p> <p><b>Action 1: YP to bring the first adapted PCT Assurance report for discussion at the 3<sup>rd</sup> November 2011 meeting.</b></p> <p>EC asked about the Workforce Planning Advisor Post and how this was funded? YP confirmed it was an old post renamed and is of no additional cost to the Trust. The work of the original post has been transferred to HR Business Managers, and the introduction of the Workforce Modelling Tool has created the need for a more specific Workforce Planning advisor role to use the tool and work closely with Divisions.</p>
<p><b>4</b></p>	<p><b>BUSINESS PLANNING</b></p> <p>A slide was tabled which described how the wider health system work, business planning and transformation comes together over the near term and long term. RD stated that he wanted to understand the various pieces of work that are currently going on. EC and JP confirmed that they found it to be a very helpful summary document.</p> <p>JCB confirmed that SaSH is driving the SaSH work, through the transformation programme etc, and that SaSH is part of and is 'equally driving' the Health System work.</p> <p>The Committee discussed the papers, issued in advance of the meeting, on SaSH's Future Organisational Form. JCB confirmed that the Trust has submitted the Tripartite Formal Agreement</p>

(TFA) which outlines the approach the PCT and Trust are going to take to get to the future form.

JCB talked through the Governance. JCB confirmed the Strategic Change Board is chaired by NHS Sussex; that CCGs will be present; and that 3 members of the SaSH Board are on this Board (MW, PS, JCB).

JCB confirmed that the only people who can make a decision about SaSH (and its Organisational form) are the SaSH Board.

JCB stated that she will issue fortnightly updates to the Committee members, and that it will be discussed further at the Board Seminar (on 17<sup>th</sup> October 2011).

RD noted that work is moving quickly. He stated that the process and governance is set up and there seems adequate input from SaSH.

LC confirmed that there is a lot of work to be done, including a Long Term Financial Model (LTFM) in Q4, but that the Trust has signed up to it and therefore the Trust must deliver.

RD questioned whether we have enough resources to meet the demands of the Project? JCB confirmed there are resource issues, though the Trust needs to share capacity and resources with the PCT (who have more resource available than SaSH).

JCB confirmed no decision can be made until the Sussex Together piece of work is completed (end of December 2011).

RD concluded that the Board Seminar discussion on Organisational forms, is early enough to influence the 12 week outcome and ensures Board input early in the process.

RD also noted that SaSH are running the Finances and Communication, and confirmed that we need to ensure SaSH is an active part of the whole process (as document reads that SaSH are following rather than leading).

**Action 2 : The following to be put in place (by JCB) to ensure appropriate assurance over progress towards a future organisational form:**

- the Board to agree possible options at the Seminar
- agree interim decision points
- two weekly updates issued to the Board
- standing item on the I & W Committee agenda
- standing item on the weekly Execs meeting agenda
- ensure sufficient staff work to support the SASH Executive Directors

#### SaSH Internal Business Planning

RD asked JCB what the Q3 and Q4 Business Planning outputs are? JCB confirmed Executive Directors are currently undertaking SWOT analyses, which will be presented at the Board Seminar (on 17<sup>th</sup> October 2011). JCB highlighted that the Trust's Strategy will be refreshed in Q3 and Divisional plans for 2012/13 will be finalised in Q4.

JCB confirmed that the intended output of the Board Seminar includes agreeing and setting draft objectives, priorities, values and visions and planning assumptions. These will then feed into the Divisional Business Planning process, enabling Divisions to draft their Business Plans.

#### KPMG Non-Elective Option Modelling

JW introduced her paper, which was requested by Michael Schofield (Director of Finance at NHS

	<p>Sussex), as a follow-on from the original KPMG report. KPMG's report was about re-balancing SaSH by increasing elective work, and Michael Schofield asked whether the Trust could re-balance by reducing Non-Elective work. Working through the scenario also ensured that SaSH were able to understand and use KPMG's model.</p> <p>JW highlighted that the outcome of the scenario was that SaSH can not reduce non-elective activity alone to achieve the target financial target of a 1% surplus, as the Trust carries too much fixed costs. The Trust could reduce non-elective activity, but it would then either replace this activity with elective activity or have to find additional cost savings of £12.6million (to achieve the target 1% surplus).</p> <p>JP commented that the scenario answers the obvious gap in the original KPMG paper, though questioned how the Trust could actually realistically reduce non-elective activity?</p> <p>The Committee noted the conclusion of the modelling exercise.</p> <p><u>RSCH Oncology Heads of Agreement</u>  JCB talked through the Heads of Agreement on Chemotherapy and Radiotherapy. Chemotherapy is currently delivered at SaSH and Guildford. This agreement would increase the chemotherapy activity/patients being seen more locally at SaSH, with the activity and income being owned between RSCH and SaSH (based on current levels).</p> <p>JCB confirmed there is no Radiotherapy done at SaSH at the moment. Under the Heads of Agreement, RSCH would build and equip a Radiotherapy facility on our site, and would fully own the clinical, operational and financial responsibility.</p> <p>JCB confirmed that the detail underpinning the Heads of Agreement needs to now be worked up with RSCH (e.g. there can only be one team (made up of SaSH and RSCH staff) delivering the service – otherwise there will be inconsistencies in service provision and confusion from the patients point of view).</p> <p><u>The Committee approved the RSCH Oncology Heads of Agreement.</u></p> <p><b>Action 3 : JCB to present a full business case to a future Committee meeting</b></p>
5	<p><b>CAPITAL PROGRAMME AND ESTATES</b></p> <p>IM confirmed that the planning permission for the Modular ward and Paediatric Modular building had been approved by the Council the previous week, and that work on Paediatrics OPD had started already.</p> <p>EC commented that the overall Endoscopy project was well over budget (across years), noting additional endoscopy equipment in this years capital programme.</p> <p>JP asked whether any Capital monies could be transferred to Revenue. LC confirmed that rules have now changed and Trusts cannot do this anymore.</p> <p>RD summarised that there is £15.8m of capital available for 11/12 of which £14.7m was committed to specific projects</p> <p><b>Action 4 : IM to report on 2011/12 forecasted actual spend and c/fwd spend into 2012/13 against the current Capital schemes, at each meeting.</b></p>
6	<p><b>ANY OTHER BUSINESS</b></p> <p>Future Committee meeting dates are set for :</p>

	<p>30<sup>th</sup> November 2011 2pm – 4pm  22<sup>nd</sup> December 2011 2pm – 4pm (Rescheduled from 4<sup>th</sup> January 2012)  1<sup>st</sup> February 2012 2pm – 4pm  7<sup>th</sup> March 2012 2pm – 4pm</p> <p><b><u>2012/13 Dates</u></b>  1<sup>st</sup> Wednesday in each month 1pm – 3pm. Location to be confirmed.</p> <p>4<sup>th</sup> April 2012  2<sup>nd</sup> May 2012  6<sup>th</sup> June 2012  4<sup>th</sup> July 2012  1<sup>st</sup> August 2012  5<sup>th</sup> September 2012  3<sup>rd</sup> October 2012  7<sup>th</sup> November 2012  5<sup>th</sup> December 2012</p>
7	<p><b>DATE OF NEXT MEETING</b>  Next meeting is scheduled for 3<sup>rd</sup> November 2011 at 3pm-5pm, PGEC Room 3.</p> <p><b>Any papers and apologies to <a href="mailto:julie.wells@sash.nhs.uk">julie.wells@sash.nhs.uk</a></b></p> <p>To note, the 4<sup>th</sup> January meeting has been re-scheduled to 22<sup>nd</sup> December 2011 (for signoff of Main Entrances FBC).</p>

**Action Log : Meeting 07/09/11 c/fwd**

<b>Action :</b>	<b>By :</b>
<b>Action 5</b> : To confirm the process for Departmental training spend; how this is linked to organisational needs; and what controls are in place?	Yvonne Parker
<b>Action Log : Meeting 05/10/11</b>	
<b>Action 1</b> : To bring the first adapted PCT Assurance report for discussion at the 3 <sup>rd</sup> November 2011 meeting.	Yvonne Parker
<b>Action 2</b> : The following to be put in place to ensure appropriate assurance over progress towards a future organisational form: <ul style="list-style-type: none"> <li>- the Board to agree possible options at the Seminar</li> <li>- agree interim decision points</li> <li>- two weekly updates issued to the Board</li> <li>- standing item on the I &amp; W Committee agenda</li> <li>- standing item on the weekly Execs meeting agenda</li> <li>- ensure sufficient staff work to support the SASH Executive Directors</li> </ul>	Joe Chadwick-Bell
<b>Action 3</b> : To present a full business case to a future Committee meeting on the RSCH Oncology agreement.	Joe Chadwick-Bell
<b>Action 4</b> : To report on 2011/12 forecasted actual spend and c/fwd spend into 2012/13 against the current Capital schemes, at each meeting.	Ian MacKenzie