

Minutes of the Investment and Workforce Committee – Part 1
Held on 6th March 2013 1 – 3pm
In AD77, East Surrey Hospital, Redhill

Present	Richard Durban	RD	Non-Executive Director (Chair)
	Richard Congdon	RC	Non-Executive Director
	John Power	JP	Non-Executive Director
	Paul Simpson	PS	Chief Finance Officer
	Yvonne Parker	YP	Director of Human Resources (Part Meeting)
	Gillian Francis-Musanu	GFM	Director of Corporate Affairs

In attendance

Richard Shaw	RS	Non-Executive Director (Visitor)
Shaun Cunningham	SC	Head of Capital Projects (Part Meeting)
David Knight	DK	Cost Accountant (Minutes)
David Heller	DH	Chief Pharmacist (Part Meeting)
Andy Humm	AH	Head of IT (Part Meeting)

1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Apologies: Ian Mackenzie, Michael Wilson and Alan Hall.</p>
2	<p>MINUTES AND ACTIONS OF THE PREVIOUS MEETING</p> <p><u>MINUTES – Part 1</u></p> <p>The minutes of the 6th of February 2013 meeting Part 1 were approved as an accurate record of the meeting.</p> <p><u>ACTIONS</u></p> <p>Organisational Development Plan (August 2012 version) to be e-mailed round the Committee. DK</p>
3	<p>WORKFORCE</p> <p><u>Workforce KPI's</u></p> <p>In YParker's absence PSimpson presented the Workforce KPI's to the Committee. The Committee questioned the lower staff turnover in the Surgical Division when compared to the other divisions as well as noting that the Trust had still work to do on the nursing agency rate. Assurances were sought and received with regards to the</p>

savings associated with agency usage.

The Committee discussed further the work being undertaken by the Trust to improve the workforce KPI's with PSimpson highlighting ward targets and the UK/Overseas recruitment drive. He felt that August was a realistic date to achieve the target for the reduction in agency usage.

YParker (on joining the meeting) summarised the plans to keep an element of the uplift centrally as well as expanding further on the recruitment drive in Spain and Portugal. The Committee noted that seeing divisional level KPI's gave greater visibility and understanding.

4 CAPITAL

M10 Capital Report

SCunningham summarised the Capital Report for M10 stating that the Unscheduled Care Project was completed. A new capital bid for related work is being prepared for April 2013. An Update on the Theatres project was given with Phase 1 expected to be complete by September 2013 with commencement of phase 2 expected October 2013. A revised full business case would be presented to the Committee.

The Committee sort and received assurance on the £14.6 million funding for the Theatres with PSimpson highlighting that the split between the phases had been agreed with the Strategic Health Authority (SHA). The Committee was also informed that it was not the Trusts desired option to fund any overspend on the project through a loan and to help control costs and direction of the project Michael Wilson is chairing the Theatre Capital Group.

Main Entrance PIR

SCunningham presented the Main Entrance Post Implementation Review to the committee. The project was estimated to cost a total of £1.84 million which increased to an estimated completion sum of £2.33m. The main reasons given for this were the need to decant surgical and medical offices including the provision of temporary offices and the provision of an on-site shuttle bus with relevant staffing. The project was fully handed over to the Trust seven weeks over the original programme in November 2012.

The Committee discussed the lessons that had been learned from the Main Entrance and received assurance that the process of embedding the lessons was on-going in the Trust for future projects.

PSimpson summarised to the Committee the bias of capital projects to be more than your optimum basis and that contingencies for future projects will be examined in greater detail. A more measured approach to the planning stage of projects and more involvement of clinicians in the initial stages were highlighted as actions currently being done to ensure future overspends are kept to a minimum.

SCunningham went on to highlight that the development included a retail element, something which had not been done before.

The Committee discussed how the Trust could demonstrate that the Main Entrance had improved the patient experience and that the quality of dispensing drugs has improved with patients surveys being highlighted as the main mechanism.

ACTION

PSimpson to provide analysis of the performance of the retail outlets various expectation PS

Endoscopy PIR

The Committee discussed the Endoscopy PIR noting that Internal Audit had completed a full review of the project providing assurance around future capital projects and that the main lessons learned centered around accountability and design.

13/14 Capital Plan

SCunningham presented the Capital Plan to the Committee.

The paper described the process by which projects were selected, the rationale for them and further projects to be undertaken if funding allowed. The major theme was maintenance, refurbishment and replacement with significant spend on Theatres, CT Scanner, Picture Archiving System (PACS) and Radiology Information System (RIS), Medical Record Storage and Site Power requirements. A number of projects addressed risks on the Serious Risk Register (SSR).

The Committee recognised the logic of the projects selected but challenged whether issues raised by patient feedback, notably the fabric of older wards and the quality of food, were sufficiently represented. The practical difficulties involved in a ward refurbishment programme were noted but it was agreed that further consideration would be given to these points.

The Committee welcomed the current work on both the Estates Strategy and a 3 - 5 year Capital Programme which would help position when these issues will be addressed.

ACTION

PSimpson to position the Capital Program/Budget 13-14 within a 3-5 year rolling plan to the Committee PS

Benefits of EPMA Business Case

DHeller presented the paper to the Committee with PSimpson highlighting the differences to the SPfIT return including the non- cash releasing efficiencies being

	<p>given a monetary value of 3 million and the cash savings on the CNST Insurance which is not assumed in the business case.</p> <p>A discussion followed regarding the CNST level for the Trust (currently at level1) and the executive's expectation of when a higher level might be achievable.</p> <p>The Committee confirmed its approval for the EPMA business case.</p> <p>The Committee commented that a PIR should be presented to the Committee at some point in the future and that unless savings can be agreed with budget holders they should not be included in any review. PSimpson highlighted that it can be problematic in locating savings and that a working review must be completed at the correct point of the implementation.</p>
5	<p>BUSINESS PLANNING</p> <p>PSimpson verbally updated the Committee that business planning with the Commissioners was continuing and that the Trust is to shortly raise the issue of funding for the coming year.</p>
6	<p>ANY OTHER BUSINESS</p> <p>None noted</p>
7	<p>DATE OF NEXT MEETING</p> <p>Next meeting is scheduled for 3rd April 2013 1pm-3pm AD77.</p>