

Minutes of the Investment and Workforce Committee – Part 1
Held on 3rd of October 2012 1:00 – 4:30pm
In AD65, East Surrey Hospital, Redhill

Present	Richard Durban	RD	Non-Executive Director (Chair)
	Alan Hall	AH	Non-Executive Director
	Richard Congdon	RC	Non-Executive Director
	John Power	JP	Non-Executive Director
In attendance	Des Holden	DH	Medical Director (Part1)
	Gillian Francis-Masanu	GFM	Director of Corporate Affairs
	Janet Miller	JM	Deputy Director of Human Resources
	Ian Mackenzie	IM	Director of Information and Facilities
	Helen Astle	HA	Interim Director of Corporate Affairs (Part1)
	Sally Brittain	SB	Deputy Director of Nursing (Part 1)
	Lorraine Clegg	LC	Deputy Chief Finance Officer
	Justine Stratfold	JS	Head of Service Line Reporting (Minutes)

1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Apologies Yvonne Parker (Janet Miller in attendance), Paul Simpson (Lorraine Clegg in attendance), Michael Wilson</p> <p>RD welcomed Richard Congdon, Alan Hall and Gillian Francis-Masanu to the committee</p>
2	<p>MINUTES AND ACTIONS OF THE PREVIOUS MEETING</p> <p><u>MINUTES – Part 1</u></p> <p>The minutes of the 12th of September 2012 meeting Part 1 were approved as an accurate record of the meeting.</p> <p><u>ACTIONS</u></p> <p>All actions completed</p>
3	<p>WORKFORCE</p> <p><u>Organisational Development Plan</u></p> <p>RD explained that following a board seminar the committee was charged with examining, with a view to improving, staff engagement. This, it is thought, will lead to</p>

a positive impact on patient care. The product of this is the organizational development plan.

JM introduced the updated plan and explained that by its nature it is quite intangible and will need continuous review and updating dependent on its impact and the factors facing the organisation.

JM advised that the annual staff survey has been released, the results of which will be available in February. This is a full census survey, administered by an external company and is completely anonymous. Weekly updates to the divisions will be issued to encourage good response rates.

JM advised that there is a section within the survey that is specific to staff engagement and will be scored. In the interim the results of "survey monkey" are showing a slight improvement, JM observed that minor incremental improvements would be expected as opposed to significant changes,

RD queried whether the results of the survey pinpointed any specific areas for improvement. JM advised that the results are fairly even across a number of categories.

RC observed that the plan reflects a democratic bottom up approach but potentially does not stress the top down corporate objectives enough. For instance the impact of not attaining FT status.

Communications was discussed and it was felt that the messaging within the organization has improved. JP commented for successful communications it is important that the message is kept relevant to the audience. AH commented that the messages need to be such that they engender engagement.

RD advised that the marketing and communications strategy will be retabled at the IWC and would expect to see some of the issues under discussion address within this.

ACTION – Organisational Development Plan to be updated presented to the December IWC **YP**

Staff Appraisal

It was agreed that staff appraisal is critical to the state of the organization and compliance needs to be improved. It was observed that appraisal needs to become second nature as opposed to an annual event.

AH queried whether there is a scoring mechanism for appraisal. JM advised that there is not and that appraisal currently takes the form of setting objectives, identifying development needs and documenting achievements.

LC observed although there is not a rating system management should not wait for appraisal to raise performance concerns.

The committee was informed that the Trust is investigating use of the Key Skills Framework to underpin appraisal which will gauge staff performance against the expectation for their post. This however is currently difficult as not every post has a KSF outline. This is also a mechanism by which staff move through their increments.

RD observed that the current appraisal process is more concerned with inputs and not as much with outputs i.e. the delivery of targets. He queried whether this is something that could be reviewed.

The timing of appraisal was discussed. It was agreed that it would not be possible for managers with large groups of staff to conduct appraisal early in the financial year. However it was suggested that this should be the case for senior staff in terms of objective setting.

GFM commented that team objective setting could and should link into corporate objective setting and therefore that link exists.

IM observed that the power that appraisal allows the appraising managers is limited in terms of reward or penalty. GFM countered that it does however provide a formal record of the employee's performance and development needs.

RD summarized that the timing of appraisals needs to be considered, the focus to be on outputs as well as inputs and link to increments established.

Action: Changes to the appraisal system for 13/14 to be presented to the Feb IWC YP

Consultant Job Planning

DH advised that the project is concerned with consultants and certain senior medical staff. It came out of a review conducted by KPMG. When they looked at consultant job plans it was noted they were not all readily available in a central point and in some cases seemed light relative to payment.

DH advised that a stock take was conducted of where the organization was. This involved ensuring that there were centrally held job plans, that there was a policy in place surrounding job planning and that the chiefs and clinical leads were trained in agreeing job plans.

DH advised that the approach taken was to look at demand versus capacity and base the plans on this. This was originally to be finished by September but this has slipped in part due to annual leave over the summer.

DH advised that team job planning has been completed but not the individual's. It is forecast that Medicine, Women's and Children's and Clinical Support will be completed by the end of October. Surgery is delayed until the end of November.

DH advised that there had initially been a predicted £1.2m saving which was later downgraded to £300k. It's is now likely that there will be no resultant savings.

It has been discovered that investment will be needed in imaging as there is not enough capacity to cover activity. There may however been savings in other areas to offset this.

DH advised that historically job planning had been a record of what staff were doing. Now it's now matched to demand. In addition clinic utilizations and theatres utilizations are being examined. Productivity and commissioning plans will be used to underpin later job plans.

Workforce KPI's

RD opened the discussion by asking the committee to consider whether KPI's should be tabled to the IWC and if so, whether the information presented was appropriate. It was agreed that ongoing KPI's should come to the IWC.

KPI's as presented to the trust board and the divisional performance reviews were then reviewed.

LC commented that the divisional level score cards have generated a lot of discussion in the divisional performance reviews. This is generally an area where the divisions feel that information is unique to their individual areas. The trigger points are also being reviewed.

It was agreed that the committee will receive the board level information and further detail will be provided by exception.

RC noted that staff turnover and bank usage are sustained red areas. LC commented that bank usage does not create a significant financial problem as the premium is low. RD advised that previously vacancies had been held pending activity reductions.

RD observed that the establishment is not reducing as expected and this is a concern to the delivery of future savings.

Nursing Recruitment and Retention

SB introduced the strategy and advised it has been benchmarked against other organisations.

SB advised that the recruitment centre is up and running, recruitment in ireland is taking place for the medical division which will reduce agency staffing. Expensive courses are being examined to establish ways that the investment in this training can be adequately protected.

RC queried if the committee sees the analysis of the exit questionnaires. It was advised that these are analysed and reflect a range of issues not necessarily within the control of the organization.

JP commented that good recruitment and retention to any post is in part dependent on the potential to move on and get better positions. SB advised that there are leadership programs in place together with the appointment of a senior development nurse. It was however stressed that every post has to be applied for under NHS rules.

AH commented that it would be useful to see a financial analysis to support the actions taken.

RD observed that the time scale attached to the document is too short and as a strategy should be extended over a longer period i.e. 3-5 years

4 CAPITAL

The month 5 capital report was noted.

The Postponement of Food Modernization to 13/14 was discussed. It was stated that the organization was not in a position to afford the revenue consequences attached to the scheme. It was noted that food is high on the patient experience agenda but the committee was assured that management board had considered all implications.

IT Strategy

IM introduced the strategy as a refresh of the previous one. He further stated that many of the items are well under way, that the organization invests less in IT than other trusts and that the largest challenge has been to get clinician engagement.

JP commented that some of the terminology should be made clearer to the layman.

AH observed that it would be useful to link the potential costs to the benefits.

RC suggested that the revenue effect of investments should be demonstrated.

RD Noted that the IT Strategy needed to support the clinical strategy and be part of the IBP.

Action: An updated IT Strategy to come to the February I&WC IM

Radiology Information System (RIS) Business Case

The RIS Business Case was represented. At the September meeting it had been requested that the revenue costs of the case were clarified. LC explained that there are 3 components to the Radiology system which are lumped together in terms of cost. It is thus difficult to separate this. As the whole system is being replaced, should the current cost base not offset the new then further savings will have to be found by

	<p>the Clinical Support Division.</p> <p>AH queried whether the system is the minimum specification fit for purpose. IM explained that there is no negotiation over the RIS as this is procured through NPFIT. This will however be a factor in PAC's which is going to open tender.</p> <p>JP queried the resilience of the data and was assured by IM that the data will be stored in one place and remain available to the organization should the supplier change.</p> <p>The RIS Business Case was approved</p>
<p>5</p>	<p>BUSINESS PLANNING</p> <p><u>FT Process</u></p> <p>HA reported that the clinical strategy 3rd Draft has gone to the SHA and there will be no changes until feedback is received.</p> <p>HA advised that the comments from the last meeting of IWC had been taken on board. Changes to the component parts included the section on market analysis</p> <p>The IBP was reported to have gone to the management board and has gone to the SHA for comment.</p> <p>HA outlined some of the next stages:</p> <ul style="list-style-type: none"> - 8th of November – meeting with David Flory which will be to obtain permission to proceed. - The Single Operating Model applies and provides assurance on TFA progress. - NED's will have interviews and observations - Under BGAF the board will be required to have an independent assessment. - A historic due diligence review will be conducted on the organization - Ideally an FT progress board should be established. <p>The committee thanked HA for her contribution to the process and committee.</p>
<p>6</p>	<p>ANY OTHER BUSINESS</p> <p>None noted</p>
<p>7</p>	<p>DATE OF NEXT MEETING</p> <p>Next meeting is scheduled for 7th November 2012 1pm-3pm AD77.</p>
