

Minutes of	Finance & Workforce Committee (Public)		
Date	28 November 2017	Time	8.30 am

Members Present		
Richard Durban	RD	Non-Executive Director (Chair)
Paul Biddle	PBi	Non-Executive Director
Daphnee Pushparajah	DP	Associate Non-Executive Director
Alan McCarthy	AM	Non-Executive Director
Janet Miller	JM	Deputy Director of Workforce (for Mark Preston)
Gillian Francis-Musanu	GF-M	Director of Corporate Affairs (attended part)
Angela Stevenson	AS	Chief Operating Officer (attended part)
Paul Simpson	PS	Chief Finance Officer
David Sadler	DS	Non-Executive Director
Ian Mackenzie	IM	Director of Insight & Improvement
Ed Cetti	ED	Chief of Cancer (MRI agenda item)
Paula Fitzgerald	PF	Note Taker

1	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p><u>Apologies:</u></p> <p>Apologies were received from Fiona Allsop – Chief Nurse and Mark Preston – Director of Workforce and Organisational Development</p> <p><u>Declarations of Interest:</u> There were no declarations of interest</p>	
2	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The following amendments were made to the Minutes of the meeting on 24th October 2017:</p> <p>Page 3 Agenda Item 4 - sentence to be added : nothing could be done <i>in the short term but there are things that can be thought about that might affect demand for nurses (1) looking at productivity, nurse associate role, reduced need for qualified nurses and debate around ratios. It was noted that this remains challenging and is a high priority for the Trust.</i></p>	

	<p>Action Tracker:</p> <p>To be added to tracker – Action: PB split income /expenditure/contribution</p>	
3	<p>FINANCE – M06</p> <p>The Trust achieved a £4.4m (adjusted) surplus at the end of September which is £0.1m ahead of plan. The position includes £3.1m STF funding as planned and £0.5m release of prior year income risk provisions. The YTD recurrent position is therefore a £0.9m surplus.</p> <p>The Committee's discussions focused on two areas – the cash position and the adverse elective and outpatient income to plan. Divisions were reporting activity on a weekly basis.</p> <p>Elective and outpatient income is adverse to plan by (£3.0m). The Committee explored the anticipated second half performance and noted that the run-rate was expected to recover, but significant risk remained, with winter coming.</p> <p>The Committee discussed the disputes with and challenges from CCGs and noted the time consuming and expensive processes that had to be followed to achieve resolution. The Trust is confident in its position but delay in payment is resulting in a worsening of our BPPC position. Cash was being discussed with CCGs to reach a more professional position between us.</p>	
4	<p>WORKFORCE AND DEVELOPMENT</p> <p>JM provided an update on Achievement Reviews which are now at 76% with a deadline of 31st October to complete the remaining reviews.</p> <p>The Trust has received the 2017/18 Quarter 2 results of the Staff FFT. These show that 86.8% of staff would recommend SASH as a place to work (an increase of 5.4% on the previous quarter), and 94.6% of staff would recommend SASH as a place to receive care / treatment (which is a 3.3% increase on quarter 1).</p> <p>JM informed the Committee that 1200 front line staff had received flu vaccinations.</p> <p>FA outlined the position around nursing vacancies and recruitment. The overall vacancy rate for nursing and midwifery staff is 19% with turnover of 18.5%. The Medical Division is particularly high at 23% and 21.6% respectively with one particular ward at 49%.</p> <p>The Committee noted the worsening position and explored the sustainability of these levels.</p>	

	<p>A discussion took place on current and future actions to resolve the situation – eg carry on with international recruitment, retention planning, review of what we pay bank staff, more flexible working and changes to roles (such as the nursing assistant). In addition, the Committee asked whether anything could be done to reduce the demand for nurses in an environment of increased activity. The feeling was that there was nothing that could be done in the short term but there are things that can be done around reducing the impact such as looking at productivity, nurse associate role to reduce the need for agency nurses and nursing ratios</p> <p>The Committee noted the report that showed 74 new posts had been added to the establishment in H1 17/18.</p> <p>The Committee discussed the Education Strategy (which had been circulated separately) including how it dovetailed with and supported the overall Workforce strategy. Further work is required from the Executive including the approval of an implementation plan covering 12-24 months. It will then be shared with the FWC and the Board.</p>	
5	<p>CAPITAL AND ESTATES</p> <p>Major projects included in the capital programme for 2017/18 include Ambulatory Care Unit £2.9m, Pathology Joint Venture £2.7m, EPR Digitise £2.0m, Day Surgery Unit £1.7m , Ophthalmology Day Unit £1.5m and Estates Fixed Allocation £1.5m; planned £765k network upgrade has been deferred to 2018-19 to release funding for additional 2017/18 capital projects.</p> <p>The Committee noted that only half of the planned £18.8 m funding for 17/18 had been secured. Paediatric Day Surgery (£350k) and MRI (£850k) would not proceed and the monies would be released for additional capital projects. The funding for EPR has not been received and therefore the project was delayed. One of the options considered in relation to EPR is splitting the implementation and funding from our own resources. The Committee would receive an updated capital plan at the November meeting Action: IM</p> <p>The MRI project was planned to proceed on a lease basis. The Committee would receive the revised plan and would seek assurance around potential risks. Action: IM</p> <p>PS highlighted that there would be no more bids for capital this year to ensure we had funding to cover costs and that there was a prioritised list of projects that would be carried out at particular times throughout the year.</p>	

	<ul style="list-style-type: none"> <u>Medical Records PIR</u> <p>The Committee noted that this was the first PIR to use the new format.</p> <p>The Committee noted that the build had been completed on time and below budget. In addition it was accepted that both quality and efficiency improvements had been made. However in order to achieve assurance over the effective delivery of benefits from this £3.5m investment there needed to be greater quantification. In particular there needs to be a status report on the movement (planned and actual) of teams into new office space and the use of the released clinical and other space against the assumptions in the business case. The updated PIR would come back to the next meeting Action: IM/AS</p>	
6	IT IM reported that the Trust was on track for Kingsfold to be paper light.	
7	ANY OTHER BUSINESS None	

Date of next meeting	28 th November	Time	8.30 am	Room	AD77
-----------------------------	---------------------------	-------------	---------	-------------	------