

Finance & Workforce Committee

Minutes of	Finance & Workforce Committee (Public)		
Date	22 December 2020	Time	8.30 am via Microsoft Teams

Members Present		
David Sadler	DS	Non-Executive Director (NED) (Chair)
Paula Swann	PSw	Non-Executive Director (NED)
Paul Simpson	PS	Chief Finance Officer
Ian Mackenzie	IM	Director of Information and Facilities
Paul Biddle	PB	Non-Executive Director (NED)
Angela Stevenson	AS	Chief Operating Officer
Mark Preston	MP	Director of OD and People
Jane Dickson	JD	Chief Nurse
Julian Webb	JW	Associate Medical Director
Guests Present		
Anouska Adamson Parks	AA-P	Director of Strategy
Peter Burnett	PBu	Director of Operational Finance
Richard Shaw	RS	Chairman
Lisa Holland	LH	Executive Assistant (note taker)
Apologies from:		
Gillian Francis-Musanu		

1	Welcome and Apologies for Absence	
1.1	<p><u>Apologies</u></p> <p>The Chair welcomed members to the meeting and, in particular, Julian Webb in his capacity as a full member and as agreed at the last meeting and confirmed by the Board.</p> <p>Apologies for absence were noted as above.</p>	
1.2	<p><u>Declarations of Interest</u></p> <p>There were no declarations of interest</p>	
2	Minutes and Actions of the Previous Meeting	
2.1	<p><u>Minutes</u></p> <p>The minutes of the meeting held on 24 November 2020 were agreed as a true and accurate record subject to an amendment in Paragraph 4, point 4.2 - the cost of overseas '£2.3m' - correct figure is £2.6m.</p>	
2.2	<p><u>Actions from Action Tracker</u></p> <p>Outstanding action on the Violence and Aggression report. MP noted this is a policy and changes the process of sign off. MP will submit a formal report in January 2021 with figures included.</p> <p>All other actions on the tracker are due in 2021.</p>	

3.0	Finance	PB
3.1	<p><u>Financial Performance M08</u></p> <ul style="list-style-type: none"> • Broke-even in M08. • Claimed £1.2m for reimbursable Covid costs. • Tracking against the forecast agreed with the ICS. <p>PSw raised a question on the risk to the financial position around Covid income and expenditure. PB clarified there is a normal level of top up expenditure (to ensure the block covers the costs the block is supposed to cover), not just on Covid. Confusingly all of these mechanisms are called ‘top-ups’. In the second half of the year the Trust was allocated £6m spend for Covid and we are tracking against this spend. The Covid expenditure will be reviewed and but there is no perceived financial risk as the Trust has been robust on Covid expenditure.</p> <p>PSw asked if there is an update on the elective incentive scheme and penalties. PS confirmed the Trust has not heard anything to date and doesn’t think we will be penalised now that Covid prevalence was restricting hospital capacity.</p> <p>PBi raised concern around emergency pressure and surgery cancellations next month asking if the Trust income will be lowered. PB confirmed the top up for the second half is fixed as a funding envelope, but the forecast agreed with the ICS took account of the fluctuation. The biggest risk is the accrual for annual leave, which is not regarded as an ‘acceptable deficit’, and therefore not currently stated as ‘fundable’ (this is despite the promise nationally of carrying leave over 2 years and the impact of dealing with the Covid surges). This has been flagged up to NHSI and we have a placeholder in monthly returns.</p> <p>PS summarised the 2020/21 financial risks for the committee as follows:</p> <ul style="list-style-type: none"> • Biggest risk is the annual leave accrual.. Within the Trust, we have been operating the normal annual leave policy, which restricts carry over, to mitigate this, but operational needs are likely to mean leave is cancelled during Q4 – each day is £0.8m – we assumed £1.6m in the ICS forecast; • Risk around Covid costs on top of what we have assumed – estimated at £0.8m above the level in the ICS forecast, but the forecast included a substantial cost already. • Risk on EU Exit with a higher cost of supplies – estimated at £0.5m, but with reducing probability. <p>There are other risks that are beyond the I&E and which may arise due to the situation such as clawing back cash i.e. prepayment before 31 March 2021, noting it has all gone silent around Covid capital. The other issue is we have no news what happens from 1 April 2021 and this is a significant risk in terms of financial planning.</p> <p>DS recognised the work of FN throughout the calendar year and asked the appreciation of the FWC be passed on to them.</p>	
4	<p>Workforce and Organisational Development</p> <p>4.1 & 4.2 <u>Workforce & Organisational Development Report M08 and Monthly Workforce Key Performance Indicators</u></p> <p>MP reported key highlights as follows:</p> <ul style="list-style-type: none"> • Lateral flow testing has commenced for all staff • Currently in the process of finalising the Covid vaccine programme and this should go 	MP

	<p>live in early January</p> <ul style="list-style-type: none"> • The Launch of the SASH-Ability passport (for staff) and the Hidden Disabilities Sunflower Scheme (for patients) took place last month. • National staff survey closed at the end of November with 65% uptake, compared to 45% nationally. • Continuing to work around making SASH a better place to work – architects are helping with open air rest areas; • 24hr access for staff of the Three Arches restaurant is ongoing and staff can heat food now in the Atrium • Reverse mentoring programme has started and mentors looking at setting their meetings with their mentee • The violence and aggression policy is almost complete <p>RS asked about lateral flow and how it has been received by staff. MP said it has gone reasonably well. Sue Jenkins has led on this and is doing an excellent job. There has been an uptake of around 3500 staff. Staff are also asked to record their result. Not seen that many positives, around 14/15 positive. Numbers are lower than originally thought.</p> <p>RS commented on the Covid vaccination programme where Government had purchased the Pfizer vaccine and ordered around 400,000 nationally. MP said the Trust was originally in Tranche 1 with Royal Surrey County, but then was moved into Tranche 2 as a hospital hub with Ashford and St Peters. Now the Trust has been placed in Tranche 3 and told vaccinations should be up and running by 18 January 2021. There are 975 in each batch and SaSH could therefore require at least three batches. There are two doses per person; initial vaccine and then a booster after 21 days. MP noted he can't be more precise due to limited information coming out. This vaccine has limited life span of 4 days. On Sunday 20th the ICS contacted the Trust saying it had 42 spare vaccines for staff to receive if available at short notice. Patient facing staff are being prioritised and for our own programme we are contacting all staff who are assessed as 'high risk'.</p> <p>PBi asked about the staff testing positive and if the new strain of Covid is affecting any of our staff. JD said we can track staff testing positive and any anomalies. AS said just under 90 people in the hospital are Covid positive with around 200 waiting on results. The spread of Covid among patients is not mirrored across staff.</p> <p>PSw asked if we are offering free car parking for staff and will this continue. MP confirmed parking is free and will continue until 31 March 2021.</p> <p>DS asked MP to thank the teams across OD and People as it done tremendous work in the current circumstances as well as thanking staff in general.</p>	
<p>5</p> <p>5.1</p>	<p>Capital, Estates and Digital</p> <p><u>Capital Update report M08</u></p> <p>IM reported key highlights:</p> <ul style="list-style-type: none"> • Endoscopy agreed a specific set of works • ITU work has started • VIE (oxygen supply) received £1.8m funding for a second one and upgrade on oxygen work in progress and expected to complete by year end • £1.3m to upgrading our high voltage electrics • New MRI in-patient facilities with first patient on 6 March • CTs at Crawley and ESH • Installing new bathrooms on Kingsfold • There was confidence that the overall programme would be on plan 	<p>IM</p>

despite the late receipt of funding and back-ended spend. We were managing eth position by bringing forwarded some schemes from next year and not just adding new schemes.

DS asked if, given the volume of work being undertaken, there is assurance on work being completed appropriately. IM said he confident all is well controlled.

Digital M08 2020/21 Report

IM reported;

- Confident meet the year end targets, which included the immediate Cerner upgrade;
- The 42.1 WTE staff needed to start the main EPR/eSaSH programme had been approved by the Clinical Informatics Board and subject to exec ratification would be in post by April to begin that phase of the main programme.
- The executive alignment event takes place in February where executive Directors will meet with Cerner

DS asked whether data sharing will be more widely available via the systems being putting in place, given the need for this as ICSs and ICPs are developed and recognising not all will be using Cerner systems. IM provided an example of data sharing such as the Surrey Care Record. The data is available to everyone in Surrey. Sussex is a little behind and providers do not use Cerner, but today's systems are supplier agnostic, hence will be able to submit the complete data set for the Trust. We are also looking to connect to Kingston, St Georges, Croydon and others, so relevant data can be seen.

PBi asked about Cerner's longer term plan. IM advised that was more a matter for Cerner, but they were becoming more focused on customer requirements and connectivity to allow for more comprehensive coverage.

SDEC (same day emergency care) business case

AS gave a brief update on progress and sought approval for the Final Business Case.

In October 2020 the Trust was awarded £2.1m by NHSE/I specifically for the development of a Medical Ambulatory Care Unit to support expanded Same Day Emergency Care (SDEC) capacity as well as co-location and expansion of the Acute Medical Unit (AMU) to reflect capacity requirements. The development of this combined AMU / Ambulatory Care Unit requires an area located next to the existing AMU – Holmwood Ward and Chipstead outpatients.

The £2.1m was part of an overall £3.7m that was received from NHSE/I for works in Endoscopy and ITU as part of the winter / COVID recovery plan. It was recognised at the time that this would require additional Trust capital and an additional £1.475m was approved at FWC in October across these schemes.

DS expressed support for the project, but asked if in order to provide additional space for SDEC, is AMU and ambulatory taking space away from respiratory, OPD and therapies and what the consequences are for those services. AS noted

AS

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	<p>respiratory will continue to do work and ultimately, move to a better environment. Office space has been relocated, actively managed and staff supported through the change. Minimising First Community use, relocating therapies and First Community staff in place next to Redwood Annexe. Prioritising the space relevant for patients.</p> <p>PSw asked how funding schemes and business cases will be approached under block contract going forward. PS responded the Trust will be incorporating in the requests for income amounts that cover these costs and also to secure the surplus that allows us to repay loans. He noted that discussion may not be straight forward.</p> <p>AS confirmed there are three phases and all will be concluded towards the end of March 2021. A six month review will take place after opening fully.</p> <p>The Committee approved the business case.</p>	
<p>6</p> <p>6.1</p>	<p>General</p> <p><u>Any Other Business</u></p> <p>Victoria Daley passed away at the weekend. JD acknowledged Vicky's participation with this committee and across the whole Trust. JD noted we would be thanking staff for the care they gave Vicky. DS asked JD to pass on FWC thanks in memory of Vicky, her contribution to FWC and the Trust and best wishes to the family.</p> <p>DS acknowledged that staff within the hospital have been fantastic during a very difficult year as has the leadership of executives and asked that thanks and appreciation is passed to them from the FWC.</p>	<p>DS</p>

Date of next meeting	26 January 2020	Time	8.30 am	Room	Via MS Teams
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