

DATE OF MEETING	Tuesday 26 th July 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Dr Karen Dunderdale, Deputy Chief Executive
CONTACT OFFICER	Dr Karen Dunderdale, Deputy Chief Executive
SUBJECT	Resources Committee Meeting Minutes
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The report provides the June 2016 meeting minutes of the Resources Committee Meeting.
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	n/a
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	n/a
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	No
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	Yes
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	Yes
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	Ensures compliance with good governance requirements and the requirements of the Trust Constitution
ACTION REQUIRED BY THE BOARD	The Board is asked to note the minutes

Minutes

RESOURCES COMMITTEE

Meeting held on Wednesday 23 June 2016 at 9.30 am
In the Cedar Room, DPOW

Present:

Neil Gammon	Non-Executive Director (Chair)
Alan Bell	Non-Executive Director
Linda Jackson	Non-Executive Director
Anne Shaw	Non-Executive Director
Wendy Booth	Director of Performance Assurance & Trust Secretary
Karen Jackson	Chief Executive (from 10.30am)
Marcus Hassall	Director of Finance
Jug Johal	Director of Facilities
Michael Clements	Deputy Director of Finance
Pam Clipson	Director of Strategy & Planning
Karen Dunderdale	Deputy Chief Executive
Sue Peckitt	Deputy Chief Nurse (representing Tara Filby)
Jane Lacey-Hatton	HR (representing Jayne Adamson)
Karen Fanthorpe	Interim Chief Operating Officer

1. Apologies for Absence

Apologies for absence were received from Mr Lawrence Roberts, Tara Filby and Jayne Adamson.

2. Minutes of the previous meeting held on the 25 May 2016

The minutes from the previous meeting were reviewed and accepted as a true and accurate record.

3. Matters Arising

3.1 Annual Schedule of Work for the Committee

Subject to the amendment of Monitor to read National Health Service Improvement – (NHSI), the Resources Committee approved the Annual Schedule of Work for the Committee.

3.2 NHS Eprocurement Strategy

Marcus Hassall reported that there is still a lot of work to do in response to the Carter Review, which is a key task. The Human Resource issue within the Finance Department is now resolved, with the appointment of an interim to replace Michael Clements. The full Carter output will be early July when a clearer picture will emerge of what is required. At this stage Marcus Hassall will engage with other Directors who have responsibilities that are covered by the overall electronic agenda.

Action: Marcus Hassall to provide an update on progress to the Resources Committee at the September meeting.

4. Items for Discussion

4.1 Workforce

4.1.1 Monthly Staffing Report

Jane Lacey-Hatton referred members to the report which outlines performance against the workforce and staffing priorities agreed for 2016/17 and reports on these indicators. Data is also provided outlining the Trust position for the previous year to allow for comparison.

She reported that the Workforce Race Equality Standard, a national requirement, must be completed by 1 August 2016.

The Committee discussed the report and in particular the current recruitment of an HR Director to strengthen the capacity within the Executive Team and HR Leadership. The Committee expressed concern about the level of demand on the HR teams to support the Sustainability Programme and large transformational change, which require significant consultation and staff engagement. The Committee discussed the updates provided on the recruitment process and reducing sickness absence, workstreams which are in place through the Sustainability Programme. The Committee noted that the numbers of concurrent change management projects underway are significant, bringing a level of anxiety to the Workforce. To help fill key leadership gaps, an interim HR specialist has been engaged, primarily to focus on change management activities.

Linda Jackson asked if more care can be taken with future reports in terms of language used, consistency and accuracy of information throughout the report.

Ann Shaw acknowledged the size and scale of the ongoing projects and the associated pressures and delivery issues for staff involved.

The Resources Committee received and noted the Monthly Staffing Report for May 2016.

4.1.2 Highlight Report from Workforce, Sustainability & Transformation Group

Jane Lacey-Hatton explained that the forum is to review key work issues and work programmes. Representatives from First Care Consultancy attended the meeting to give a presentation on reducing sickness absence rates.

First Care Consultancy work with NHS Trusts, Councils and Private Sector Organisations. They work in a proactive manner, providing benchmarking and trend analysis and work with the Health and Safety Executive (HSE). The service provided is initially about employees' health and wellbeing and making sure it is properly, effectively and time managed. With longer term absences it is about early intervention into services quickly when it is needed. A fair and consistent approach is used across all individuals. Managers are helped through the process and prompted about what they need to do and when, ensuring processes are consistent across Trusts. The service captures all unplanned absences, not planned absences. It takes twelve weeks to implement the service and the notification process will need to be understood. Return to work forms are dynamic and track Managers' compliance within a period of time as stated in Trust policies. If the manager goes over the specified time scale it will be non-compliant and a reason must be given to say why this has not taken place. In terms of HR support First Care has an accounts management team to look at what the Trust is aiming to do in the next twelve months and on a longer term basis. In the initial twelve months, absence reductions are on average around 20%, with some successes in the NHS, but it does take a short while for cultural changes to be embedded.

The cost for the whole Organisation, for a twelve month period is £230k.

Jane Lacey-Hatton reported that Junior Doctors in training, who claimed for excess or business mileage under the Relocation or Excess Travel Policy amounted to £181k. Trainee Doctors can claim up to £500 for mileage (home base to hospital) and it was found that 55% of claimants were paid in excess of that amount. A saving of £198k could be made if the Policy was enforced. Next steps have been agreed and Claire Smaller is speaking to Lynn Young in PGME to see what the Deanery says about interim payments before the new Junior Doctor contracts come into force.

The Resources Committee received and noted the Highlight Report from the Workforce, Sustainability and Transformation Group.

4.1.3 HR Redesign

Jane Lacey-Hatton reported that work is ongoing to implement this.

4.1.4 Consultation & Staff Engagement

Karen Dunderale reported that a paper will be tabled at the June 2016 Trust Board regarding strengthening the Executive Team Structure and capacity of the executive team. As previously discussed it has proven difficult to recruit an HR Director. As an organisation, NLaG is effective at staff consultation but not so effective at staff engagement. A recent Time out session with staff is a good example of meaningful and effective staff engagement, part of the Transformational Programme it was refreshing to hear positive comments. It is a vital part of the process to get staff engagement right.

Wendy Booth reported that staff had welcomed and appreciated the opportunity for engagement with Directors and the Executive Board during the recent Clinical Admin Review workshop session.

4.1.5 Maternity Establishment

Sue Peckitt explained that there is a review of each service on a six monthly basis to look at Nursing Capacity. For the Maternity Establishment there is a model in place at DPoWH where staff work 12 hour shifts with a 60 minute break. Staff are unable to take their breaks so alternative models were looked at. The Quality Matrons made recommendations and a paper was taken to ET, where the paper was challenged. It is proposed to bring the paper back to Resources Committee for consideration and approval. Marcus Hassall warned of setting a precedent in terms of amending conditions of service and incurring associated costs.

Action: The Maternity Establishment Report to be presented at July Resources Committee Meeting for consideration.

4.1.6 Medicine Wards Nursing Establishment

Sue Peckitt reported that a Medicine Wards Nursing Establishment Review is underway and potential savings have been identified. Also identified is that some areas will need to increase Registered Nurses due to changes in services or acuity of patients, thereby increasing Registered Nurses numbers in some areas.

4.1.7 Junior Doctors Accommodation

Action: This item to be deferred to the July Resources Committee Meeting.

4.1.8 Doctors Mess

Action: This item to be deferred to the July Resources Committee Meeting.

4.2 IM&T

4.2.1 IM&T Highlight Report

Pam Clipson referred members to the report previously circulated.

CaMIS eOPS Implementation: Work is ongoing, continuing to remove Open CaMIS access from SATs where possible; Trainers have spent full days in outstanding Departments undertaking checks including:- Visiting all the users and getting them to log onto eCaMIS to check access; Finding out when they are going to be doing tasks which require PAS work, so they know when they will need support; providing a refresh/overview of the module they are about to use.

CaMIS eOPS Implementation will be back on track by the end of July 2016.

TPP/EMIS opens API (Primary Care Sharing): A further update from TPP has indicated that timescales for delivery of relevant API functionality will be August 2016; CCG/HSCIC contacts have indicated that all suppliers are likely to be focusing on delivering API requirements meaning that work with local developers is likely to stall.

The Trust is due to go live with its selected module in September, this activity will remain red until a further update is received.

In House Built Theatre System: The Trust is on track to deliver the in house built Theatre System with a go live date of July 2016.

SystemOne LSP Transition: Appendix B of the IM&T Highlight Report – Decision Record on local contract award; Resource Committee members are asked to note.

The Resources Committee received and noted the IM&T Highlight Report.

4.3 Estates & Facilities

4.3.1 Estates & Facilities Highlight Report

Jug Johal outlined the highlight report and drew members attention to the following:

HSE – Improvement Notices (IN) served for no evidence or inadequate information, instruction and training being given to employees who carry out legionella mitigation work/monitoring on the hot and cold water systems at GDH. The Trust has challenged the issuing of the INs and a response is expected within the next week.

DH Visit: Surplus Land opportunities at SGH; Jug Johal reported that the Local Authority appear keen to work up schemes.

Head of Commercial Services: Alistair Brooks has been appointed and is due to start in September 2016.

North-side reconfiguration project: The Trust is awaiting the go ahead from NHSI.

DPoWH Staff Accommodation P21+Project: It is hoped to get this project signed off.

NLC Accommodation: John Leggett Sixth Form College have refused to take the accommodation.

South Side Landsale Project: Letter received from developer – no confirmed cost.

Car Parking: Goole is finished; SGH commences at the end of July then DPoWH.

The Resources Committee received and noted the Estates and Facilities Highligh Report.

Jug Johal informed Resources Committee the HSE has served the Trust an Improvement Notice for no evidence or adequate information, instruction and training being given to employees who carryout legionella mitigation work/monitoring on the hot and cold water systems at GDH.

4.3.2 Endoscopy Project Update

This item was discussed within the private part of the meeting.

4.4 Strategy & Planning

4.4.1 Strategy & Planning Highlight Report

Pam Clipson referred members to the report previously circulated. The Committee heard that an increase in demand/activity is leading to an increase in waiting times and volumes of people waiting. Work is underway to increase capacity within priority specialities. The mechanisms to increase capacity include engaging external provider companies; review of booking rules by speciality as well as by capacity areas eg theatres and changes to rotas. These are significant new/greater scale challenges for the Trust and as a result the risk is the time it is taking for the schemes to come to fruition, especially given the growing demand.

Action: The Committee asked for a briefing at the next meeting on linking the capacity and demand work, waiting list improvement plans and the follow up position with the sustainability agenda to understand the complexity and inter-relationships of the issues and actions. The Committee also requested that this be followed by a Trust Board briefing.

4.4.2 Healthy Lives, Healthy Future (HLHF) Update

Karen Jackson reported that she recently attended the inaugural HLHF System Board Meeting, Ian Atkinson is the newly appointed independent chair. There is still resistance, in certain quarters, to Option 4. The 2 Local Authorities have a lot of work to do to get up to speed with the current agenda. The June 2016 Trust Board meeting needs to make a final decision regarding re-engagement with HLHF and agree a date to enable the At Scale lead to act with pace on the implementation plans.

4.5 Finance

4.5.1 Month 2 Finance Report – 2016/17

Marcus Hassall referred to the month 2 Financial Report 2016/17 previously circulated to members. The deficit for the second month of the year is £3.23m. This is slightly ahead of the plan for this point. The position continues to show clearly the risks facing the Organisation over the coming ten months. Activity recovery is critical to maintain compliant waiting times, but will drive up costs, eliminating the current underspend against plan which balances out a shortfall income.

£11.5m of income through Sustainability and Transformation funding routes is dependent upon performance against a tight improvement trajectory for service performance and adhering to a tight financial control total. The income remains at risk.

The headline end of year I&E forecast remains outside the control total limit, reflecting the service and financial risks the Trust faces.

The cash position is stable, but the Trust still has to secure a clear liquidity package from regulators to support the capital and cash plans. In the meantime, the Trust continues to restrict discretionary spend, particularly on the Capital Programme.

The projected deficit at this point, without recovery action, is £18.2m - £6.4m adrift of plan. Key variances are:

1. Contract Income Risks – through failure to deliver activity or through non-payment by CCG's using penalties or other clawback mechanisms;
2. Savings delivery risks.

Both of these items are showing improvement on month 1, reflecting mitigation work that is ongoing, and a control total compliant position still remains deliverable. The forecast assumes full receipt of S&T income of £11.5m. This remains a potential area of further risk.

The Committee received and noted the report.

4.5.2 DPOW Residencies Update

Marcus Hassall referred to the report and explained the Case for Investment – Patient Safety. The Trust has a finely balanced staffing position at present, if further destabilised through increased vacancy rates, this could rapidly develop into risks to service viability in key areas. The Trust must act to maintain sustainable fill rates for its establishments. The availability of on site accommodation is a key part of this plan.

The report is designed to support a final decision on progress by the end of June 2016.

The project has a final completion deadline of March 2018.

The Committee received and noted the report.

4.6 Sustainability

4.6.1 Sustainability Plan 2016/17 Month 2 Update

The Committee received an update on the Sustainability Plans for 2016/17, this included a Workstream by Workstream risk breakdown. During discussions, concerns regarding job planning were raised and it was clear this is a priority for the Medical Director.

The Committee noted and received the report.

4.7 Performance (by exception)

4.7.1 Monitor Performance Compliance Report

Wendy Booth summarised Performance against National Measures for May 2016:-

The final 18 week Referral to Treatment (RTT) incomplete waiting time performance fell short of the 92% threshold for May 2016 at 88.68%.

The Trust has not achieved the 95% threshold for the A&E 4 hour wait target for the eighth consecutive month, achieving 93.2% during May 2016. This improvement for the Trust is in part attributable to significant improvements in the Ambulance handover process. The Committee were informed that there is a clear A&E plan in place led by the interim COO who holds the ACOs to account for delivery.

There were 3 reported episodes of hospital acquired Clostridium Difficile. There are currently no lapses in care with 1 DIPC review still pending.

Current provisional cancer data indicates the Trust will achieve five of the seven cancer indicators for May 2016 presently breaching the pre and post 62 day RTT measure and 2 week wait breast symptomatic referrals.

4.7.2 Integrated Performance/KPI Report

The Committee received and noted the report.

4.7.3 Monthly Waiting List Report

This item was covered under 4.4.1

5. CQC Action Plan

Wendy Booth informed the Committee that Actions on the plan, without time frames specified, are out of our span of control. This is because they rely upon the actions of other stakeholders or partners in the local health community – actions these participants agreed to undertake at the CQC Quality Summit.

6. Items for Approval Prior to Submission to the Trust Board

6.1 Award of Legal Services Contract

This item was discussed within the private part of the meeting.

7. Items for Information

7.1 Minutes of the Estates Group

It was noted that April minutes will be presented to August Resource Committee.

7.2 Workforce Sustainability & Transformation Committee

The minutes were received and noted.

8. Any Other Business

No items were raised under AOB.

9. Agreement of Matters for escalation to the Trust Board

The Resource Committee agreed that the following would be escalated to the Trust Board through the highlight report:

Public

- *monthly staffing report*
- *Estates & Facilities Highlight*
- *Strategy & Planning Highlight*
- *Month 02 Trust Financial Position*
- *2016/17 Sustainability Planning*
- *Monitor Compliance Report*

Private

- Strategy & Planning Highlight Report
- Award of Legal Services Contract

10. Review of Action Log

The Chair advised that he would review and update the action log.

11. Date & Time of Next Meeting:

Date: Wednesday 20 July 2016

Time: 9.30 am to 1.00 pm

Venue: Oak Room, DPoW