

Minutes of a Meeting of the AWP NHS Trust Finance and Planning Committee

Held on 19 June 2015 at 9.30 a.m. in Seminar Room 3 at Jenner House, Langley Park, Chippenham, Wiltshire, SN15 1GG

These Minutes are presented for **Approval**

Members Present

Lee O'Bryan (LOB) – Non-Executive Director (Chair) Peaches Golding (PG) – Non-Executive Director
Barry Dennington (BD) – Non-Executive Director Sue Hall (SH) – Director of Resources

Staff In Attendance

Sarah Branton (SB) – Managing Director, Bristol Pippa Ross-Smith (PRS) – Head of Strategic Finance
Anna Klonowski (AK) – Strategy Advisor (not present throughout) Abigail Simpson (AS) – Corporate Governance Officer
Mathew Page (MP) – Acting Director of Operations Pete Wood (PW) – Clinical Director, Secure
David MacLennan (DM) – External Notetaker

FP/15/031 – Apologies

1. No apologies were received.

FP/15/032 – Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda. **None were declared.**

FP/15/033 – Minutes/Summary of the meeting on 22 May 2015

1. The minutes of the meeting were approved and taken as accurate. SH asked that two commercially sensitive items be redacted from publication in the Part 1 Board papers.

FP/15/034 – Matters Arising from the Previous Meeting

1. On the Bristol Mental Health action, SH updated that AWP would undertake a formal review of the tender. She would continue to pursue the CCG in respect of them conducting their own review. The item was marked as **ongoing**.
2. The Reference Cost Deep Dive item was marked as **complete**.
3. Work was underway for the CIPs M1 action, which was agreed as **ongoing**.
4. On the Quality and Performance Report M12 item, MP agreed to liaise with Andrew Dean on how the IAPT proposal process would be managed – **ACTION MP**
5. The Safer Staffing action was marked as **ongoing**. The action was in hand with Andrew Dean, and a paper had been scheduled to be taken to Board.
6. The Internal Audit Review item was **ongoing**, on the basis that a report had yet to be issued.
7. The Finance Report M1 action was **ongoing**. SH updated that Gary Bryant was due to present on the Bristol LDU 2015/16 budget, as well as the forecast position, at the next Committee meeting.

FP/15/035 – Progress on Annual Objectives

1. SH drew attention to the dashboard, noting that there was as yet limited delivery to observe. A

number of risks and mitigating actions had been identified. The Trust was delivering against plan on CIPs, as of month 1.

2. PG asked how effectiveness in controlling risks was to be measured. SH highlighted the controls and sources of assurance that were required to achieve a 'green' effectiveness rating. Moreover, given CIP targets were expressed as a percentage, an amber or red rating would be triggered were the Trust to fall short of its target. It was noted that there was a need for more sophisticated analysis of reference costs.

FP/15/036 – Finance Report

Financial Performance

1. SH reported that the Trust was still planning a deficit due to the back-ended CIPs. Although the cash position was worse than planned due to a timing issue in payments from commissioners, this was mitigated by actual capital expenditure being currently below plan.
2. Staffing levels and pay remained the chief areas of concern, with lower-than-budgeted substantive pay costs counterbalanced by overspend on temporary staffing. SH did not anticipate the figures for June would show an improvement. There had been some success in the recruitment efforts for Secure services, such as an event to attract HCAs. MP noted that staff turnover remained high.
3. BD asked what proportion of agency cost was unplanned. SH responded that the majority was planned and the number of ad hoc requests had significantly declined. SB confirmed that the majority of Inpatient shifts were covered by bank staff, with agency used only when absolutely necessary.
4. SH highlighted the indications that annual leave percentages were not even throughout the year, and that the Trust could face rostering issues in July and August. PW observed that the new rostering system, introduced in April, placed an obligation on employees to plan annual leave well in advance, allowing it to be managed with more visibility. SH noted that staff were reluctant to book leave before they knew substantive staff would be in place to cover for them.
5. MP observed that KPIs such as annual leave percentage targets should be considered in the light of current staffing imbalances. Moreover, there was no indication that unplanned annual leave was resulting in the increased temporary staffing requirements. SB concurred that the requirements typically arose from particular service users with extensive care needs.
6. SH highlighted that Wiltshire currently had 110 vacancies, with only one new starter in May. SB asked whether the figure for job advertisements was expected to equal the figure for vacancies. SH replied that it should. She said that consideration was also being given to skill-mix design, in some areas where recruitment had been unsuccessful.
7. The Chair asked for the factors that had led to the success of Secure service's recruitment efforts. PW responded that efforts had been made to attract employees from Irish universities, for instance through the offer of Secure experience in Bristol. Human Resources administration in general had also improved.
8. BD asked what percentage of job offers resulted in individuals successfully starting work. MP confirmed that there was a small amount of attrition. PW noted that the majority of band 5s recruited were preceptorship nurses who could not work independently for six months, placing a burden on other qualified staff.
9. PG highlighted the high volume of temporary staff in Corporate. SH noted that this referred to

Housekeeping and Facilities Management, where flexibility was an advantage.

10. PG asked whether the significant decrease in the use of agency medical staff represented a trend. SH confirmed that this was a deliberate consequence of work that had been undertaken.

Secure Services Update

11. PW outlined that the primary impact on Secure service’s finances was temporary staffing, exacerbated by the closure of Wellow ward. Sarah Wood had prepared a paper on the causes and mitigating actions taken, which would be circulated after the meeting. PW updated the Committee that there were just over three band-6 vacancies, almost 50 band-5 vacancies and 11.5 band-3 vacancies, or 66 Whole-Time Equivalent (WTEs). Two band 6s, 25 band 5s and 10 band 3s were due to start. PW highlighted that the locality was currently receiving between 3 and 10 resignations per month. MP reflected that Secure services was a particularly difficult environment to work in.
12. PG asked whether it was felt that the Trust provided staff with sufficient flexibility. PW reflected that it was difficult to always provide the flexibility desired, given the aim to achieve the safest and highest-quality service possible. He said that flexible-working requests were considered. PG noted that staff seeking flexibility might transfer to agency. She suggested that there was an incentive for the Trust to offer flexibility, in order to retain well trained staff at a lower cost. PW commented that flexibility was only one aspect of the problem. MP added that bank work allowed trained and experienced staff to work flexibly. The Chair asked for the percentage of substantive staff who had left AWP to subsequently take up agency work with AWP – **ACTION MP**
13. PW highlighted that a disproportionately high number of clinical nursing staff were pregnant or on maternity leave, and nine WTEs were on long-term sick leave. Further, at least 10 shifts per new starter were lost to induction training and initial supernumerary status, and there were additional mentoring and supervision requirements for preceptorship nurses. PW stated that certain ‘settled and stable’ wards could be adequately and safely staffed with fewer staff than outlined in the Safer Staffing figures.
14. A number of staff members were unable to work in a clinical environment due to having been assaulted. The Committee discussed the possibility of transferring these staff into alternative roles outside Secure – **ACTION SH** to follow this up with Human Resources.
15. PW stated that there were currently an unusually large number of service users who required increased observation. SH inquired about the trajectory for Wellow ward reopening. PW replied that Secure services was ‘months away’ from being able to fully staff the ward.
16. The Chair inquired as to the full-year forecast for the unit. PW replied that Secure services had an overspend forecast at end-of-year of £2.2 million. The Chair asked whether there was a mitigation plan in place to address this. SH commented that the Trust was now more transparent about overspend attributable to particular units, even if it was balanced out elsewhere. Work would be undertaken to identify further potential savings, but no decisive action would be taken until the forthcoming Safer Staffing review.

Balance Sheet

17. SH outlined that overdue NHS England income had been received, meaning that the Trust would be in line in June. She also highlighted that the Prompt Payment Code would be applied more stringently from April 2016. The Trust now paid the majority of suppliers quickly, in line with the code.
18. SH confirmed that Speedwell would now be retained and used for community rehabilitation

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provision by Second Step. To compensate for the lack of a cash injection from the sale, the Trust was looking to bring forward the disposal of Charterhouse.

19. The Committee **approved** the appointment of MITIE Technical Facilities Management Ltd
20. The Committee **approved** the budget movements outlined in table 10 of the Report.
21. BD fed back from the previous day's Quality and Standards Committee that the budget for Paul Daniel's ligature work plan had not been approved. The Chair confirmed that the budget had been included in the capital plan. He asked that the process be clarified with Paul Daniels – **ACTION SH**

Reference Cost Update

22. The Committee resolved to **defer** this item until the meeting on Friday 24th July 2015.

FP/15/037 – Bristol Update

1. SB reported that Easton Community Centre had been identified as an attractive location for Bristol, with hot-desk, meeting and office facilities. Estates were taking this forward. SB was also liaising with Devon Partnership Trust on an extension of the Brookland Hall lease to December 2016, at which point the Wellspring Centre would be available. For North Bristol, another room had been leased at the Greenway Centre. The extra space fit within the available budget.
2. SH asked whether progress had been made towards the clinical model set by commissioners. SB responded that, in some areas, consultants had developed strong relationships with GPs and were working in surgeries. She highlighted that there was a need to spread this practice elsewhere.
3. For South Bristol, negotiations on Knowle West Health Park remained challenging, as the City Council had ruled out building on their land. Alternative locations were being reviewed and consideration was being given to whether it might be necessary to move the administrative base.
4. On Inpatient services, SB outlined that a staffing increase had been agreed for Silver Birch ward, in order to enhance security. This had resulted in a reduction in incidents. Discussions were ongoing with Andrew Dean as to whether the Safer Staffing levels for the ward should be elevated. From a Human Resources perspective, there was also a question as to whether staff who were exempt from PMVA should work on wards with high acuity and incident frequency. PG suggested that a 'chill-down room' facility might be beneficial in these cases, as was in use at Greyfriars PICU. SB noted Silver Birch service users currently had to be moved across the site if they needed to be placed in a secluded area.
5. PG asked whether Trust-wide analysis was being undertaken to review the requirements and costs of developing safer environments. SH confirmed that this work was ongoing. She added that a Design Authority Group had been established by Andrew Dean. The Chair expressed his concern that best practice was not being shared throughout the Trust.
6. SB outlined that overspend in PICUs was attributable to staffing and specialised requirements. The increase from one consultant per two PICUs to one consultant per PICU would lead to further cost pressures. The outcome of the PICU Review would guide recruitment strategy, in terms of consultant specialisms. There was a need to explore with operational managers and Finance how staffing could be reduced when beds were closed.
7. On Community services, SB updated that the crisis telephone line continued to be a major cost pressure. It had been identified that it was largely used for advice and signposting, rather than clinical need; consequently, a model was being developed with commissioners to remove the

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clinical staff from operating the line.

8. There were six vacancies for VCS crisis support workers, which were currently being covered by agency staff and invoiced to VCS partners. Consideration was being given to temporarily reverting these posts to the Trust, to be filled by NHS staff. Five nursing posts in the central Assessment and Recovery service had been permanently or temporarily vacated and were also being covered by agency staff. SH reflected that the Trust needed to be more proactive in anticipating maternity absences.
9. SB reported that seven-day working would be in place from 1 September for Assessment and Recovery teams.
10. PW and SB left the meeting.

FP/15/038 – Future Focus Programme Board

1. In light of discussion at the Board meeting June, risk TW6 had been put to the Committee for review.
2. SH proposed that TW6, which related to the delivery of 2013/14 CIP targets, be removed from the Trust-wide Risk Register and replaced by forward-looking risk FIN16. This would enable the Trust to evidence that it had sufficient controls in place to mitigate risks from the previous year, most notably the implementation of the Programme Management Office.
3. The Committee resolved to **approval** the removal of TW6 from the Trust-wide Risk Register.

FP/15/039 – Quality and Performance Report

1. MP highlighted that delayed transfers of care (DTOCs) were now on target, at 7.2%. BD asked how confident they could be that this was sustainable. MP commented that the figure was sustainable, as long as the current robust approach was maintained. SH queried how the national benchmark could be 2.9%. MP undertook to clarify this – **ACTION MP**
2. BD queried why the Trust had failed to make progress over the year on service user reviews. MP explained that the deterioration of the situation in Bristol was affecting the position of the whole Trust. However, senior quality practitioners were starting to engage in proactive caseload management with the central Assessment and Recovery team, to ensure service users were discharged as soon as possible. MP said he would report on the impact this work had had so far – **ACTION MP**.
3. BD asked whether the review documentation was user-friendly. MP confirmed that clinical staff had identified RiO processes as a significant barrier to completing CPA reviews, and the ‘purposeful reporting’ work programme aimed to resolve issues of intuitiveness and repetitiveness.
4. MP stated that Ursula James, BaNES service manager, had given a presentation to CQPM on best practice for achieving IAPT ‘Moving to Recovery’ targets, covering both clinical work and accurate documentation.
5. MP highlighted that referral to assessment remained an area of difficulty for Memory services,. Discussions were ongoing at LDU- and commissioner-level in Swindon to resolve this.
6. In terms of gatekeeping of admissions by Crisis teams, Wiltshire were satisfied that their approach was safe and reasonable. It was noted that work needed to be undertaken to ensure this was represented correctly on the system. MP believed this would be resolved within the month.

7. With regard to bed pressures, there were currently 22 patients out of area, which was an improvement on recent weeks. An 'out-of-Trust placement bed coordinator' was now in position. MP explained that the management of the inter-Trust placement process was overseen through twice-weekly teleconferences. SH noted that there needed to be a discussion about whether closed beds in Wiltshire should be reopened if they had no out of area patients.

FP/15/042 – Wiltshire Intensive Therapeutic Unit: Outline Business Case

1. PRS presented to the Committee the outline business case for the Wiltshire Intensive Therapeutic Unit and recommended it for approval.
2. SH noted that neither the Trust nor the CCG were intending to profit from the unit. The aim was to offer a clinical service which was currently lacking in Wiltshire, and could be replicated in other areas of the Trust.
3. BD questioned whether a 5% contingency was realistic, given the extent of the building affordability and programme risks. SH clarified that the 5% contingency referred purely to capital build. A further consideration was the reputational risk to the Trust's relationship with the CCG if the service user was not able to be moved by December 2015. This placed an onus on the Trust to manage the contract and timescales once agreed.
4. The Committee resolved to **approve** the outline business case.

FP/15/040 – Commercial and Tendering Report

1. AK joined the meeting.
2. AK outlined that Specialised services and Secure services had submitted a circa £350,000 tender for Swanwick Lodge and been shortlisted for interview.
3. An exercise was underway to explore the cost and pricing strategy for Wiltshire Community Health, based on the services it was anticipated Medvivo would require. SH stated that the quality of information received from Wiltshire CCG was extremely poor.
4. PG asked whether difficulties were foreseen in staffing CAMHS Secure services. SH confirmed that staff would be transferred under TUPE.
5. AK reflected that developing new services in conjunction with partners opened up opportunities for the Trust in terms of internal culture transformation. She was preparing a paper on the prioritisation of growth opportunities over the next year, which would be presented to the Board in August. The Chair highlighted the importance of retaining current business.
6. MP observed that the best functioning services were those with clearly defined parameters, such as IAPTs.
7. AK left the meeting.

FP/15/043 – TDA Oversight Return

1. The Committee resolved to **approve** the TDA oversight return.

FP/15/044 – Quarterly Letter from the TDA

1. SH presented the quarterly letter from the TDA.
2. The Committee discussed the status of the outstanding action points – **ACTION AS** to follow-up on action 4 with Andrew Dean.

FP/15/030 – Any Other Business

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1. The Chair raised the fact that several papers had been submitted late. He reminded those present of the importance of attendees having sufficient oversight of the material in advance of the meeting.
2. The Committee rated the meeting, on average, between 3.5 and 4 out of 5. Those present reflected that discussion had been of good quality, and the Chair remarked that the Finance Report had been ‘transformed’ since the previous year.

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