

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

Held on Friday 25th September at 9.30am, in Seminar Room 4, Jenner House

These Minutes are presented for **Approval**

Members Present

Lee O'Bryan (LOB), Non-Executive Director, Chair	Mathew Page (MP), Acting Director of Operations
Sue Hall (SH), Director of Resources	Peaches Golding (PG), Non-Executive Director

Staff In Attendance

Graham Hotchen (GH), Interim Deputy Director of Finance	Pippa Ross-Smith (PRS), Head of Strategic Finance
Peter Wilson (PW), Head of Business Development	Toby Rickard (TR), Head of Business Intelligence
Iain Tulley (IT), Chief Executive Officer	Paula May (PM), Managing Director, Swindon
Liz Richards (LR), Managing Director, BaNES	Suzanne Howell (SHo), Managing Director, North Somerset
Fee Bell (FB), Head of the Project Management Office	
Anthony Gallagher (TG), Chair	

FP/15/080 Apologies

1. Apologies were received from Barry Dennington and Anna Klonowski.

FP/15/081 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.
2. **None were declared.**

FP/15/082 Minutes/Summary of the Meeting on 24th July 2015

Minutes of the Meeting of 24th July 2015

1. The minutes of the meeting were **approved** and taken as accurate.

FP/15/083 Matters Arising from the Previous Meeting

1. On Bristol Mental Health, SH explained that a Gateway Review process had been started. The CCG and the CSU had been asked for an update, but no further information was available. It was noted that this was a DH requirement. The action remained **ongoing**.
2. On action two, SH explained that one CIP programme in particular was being considered, as part of the internal review. The programme would be monitored on an ongoing basis. This action item was to be linked to action item 5.
3. On action three, MP updated that he was considering a short term secondment, to resource a project to look at Trust-wide IAPT. An update would be provided after the next Quality and Standards Committee meeting. This action remained **ongoing**.

4. On the safer staffing action, MP advised that some final reconciliation was underway. A transition plan would be produced, which would move staffing levels to where they needed to be to be consistent with the new model. The action was marked as **ongoing**.
5. On the PMO Internal Audit Review action, SH updated that there had been a meeting in the last couple of weeks, but she had not been present. She undertook to seek an update on this. This action remained **ongoing**.
6. On action six, MP confirmed that the Bristol Improvement Programme was ongoing, but that Swinon and Bristol had yet to meet to share their learnings. The localities had agreed to meet before the next Finance and Planning Committee meeting in October, and the action was marked as **ongoing**.
7. On the overhead reduction workplan action, it was confirmed that the difference in the figures was due to the way in which the submissions worked. TR explained that the finances and the activity were shown to be split between Inpatient and Community services. Feedback was sometimes provided breaking down separate Community and Inpatient reference costs 'sub-elements', and some years the costs were combined. The action was marked as **complete**.
8. On action eight, SH confirmed that the risks and opportunities had been presented in the meeting papers. The action was marked as **complete**.
9. On the out of area action, MP noted that the issue had been discussed at the Quality and Standards Committee and fed back that service users were occasionally moved out-of-area for 'clinical, social or personal reasons'. On the whole, out-of-area cases occurred due to full capacity on wards. The item was marked as **complete**.
10. On action ten, the Committee noted that Barry Dennington and Mathew Page's work was related. The item remained **ongoing**.
11. On action eleven, PRS confirmed that work was ongoing. PRS and Amanda Willis had yet to meet, and the action was marked as **ongoing**.
12. The TDA Oversight Return action was marked as **complete**.

Horizontal Reporting

1. The Quality Academy item was marked as **ongoing**. The Committee noted that the Trust Board was scheduled to receive an update on the Academy at its next meeting, to be held on Wednesday 28th October.
2. The 'review of the ESEC transition' action was marked as **complete**. The transition papers had now been sighted and approved by the Executive Team, ESEC, the Quality and Standards Committee and the Finance and Planning Committee.

FP/15/084 Finance Report M5

1. The Committee discussed the TDA's request for a revised plan, showing a £960k surplus over the £2 million that had been agreed by the Board. It was suggested that the Trust should aim to achieve the total agreed by the Board and seek the support of Commissioners in taking this

action.

2. SH provided an overview of pay, noting that overall pay was £168k over budget in-month following the capitalisation of IT and Estates substantive staff costs. Capitalisation of costs was reported to provide a short term gain and was being used as a strategy to find savings.
3. Permanent staffing costs were reducing and temporary staffing costs were rising, in line with the inability to recruit to certain areas and the consequent use of agency staff. It was reported that the TDA had placed a cap of 4% on the Trust for agency spend, but a request was being made to increase this cap.
4. Work was ongoing to address governance issues in relation to staffing, specifically to define formal 'sub-sets' such as recruitment and agency control. SH reported that a Workforce Programme Manager had been engaged to oversee this work and develop an improvement plan. TG noted that the overall, executive ownership of staffing levels remained with AD.
5. SH advised that staffing issues remained a concern, and highlighted that there were ongoing difficulties in retaining and recruiting staff. It was noted that a strategy was being developed in relation to recruiting agency staff, for example the revalidation programme and flexible working conditions. Legal advice was also being sought on whether nurses working for non-approved agencies could be invited to apply to work directly for providers. **ACTION JT** to undertake a deep dive into the recruitment issues at the next Committee meeting.
6. SH provided an update on the disposal programme as per the finance report. She updated that a Space Utilisation Project was underway, and was being led by Capita. Capital was reviewing a number of Trust sites, to identify usage levels and to determine whether there were other buildings available for disposal.
7. SH reported that a capital plan review paper was being put to the IPG, who would identify the schemes and progress of each project.
8. It was reported that a plan to re-open Wellow ward was being considered. This was a decision that would be closely aligned with AD's staffing project. A transition plan would be provided to Secure Services by early next week.
9. SH reported that performance reviews were due to begin the following week. She confirmed that Secure Services would be asked for their recovery plan as part of their performance review.
10. It was advised that the delay in reviewing disciplinary cases was a result of attempts to keep the process 'clean', which required other localities to support the process. It was noted that the general capacity to deal with disciplinary cases was restricted, given that senior managers were also picking up RCAs and dealing with the complaints process. MP added that he, Jenny Turton and the HR business partner for each locality would be conducting monthly, high-level reviews of the progress on disciplinary cases.
11. The Committee resolved to **note** the Finance and Resources report.
12. IT returned from his telephone call to the TDA, regarding the revised stretch target of £2.99 million. He reported that he had made the Board's position clear. IT fed back to the Committee that other Trusts had been set a greater stretch target, based on deteriorating positions from previous years. Of the 13 Trusts in the South, nine were in deficit, two were breaking even and two were in surplus; AWP was in surplus. Last year, only two Trusts in the south had hit their controlled total. IT had agreed to write to the TDA accepting that the new target had been set, but outlining the Trust would be unable to deliver against it. IT undertook to share the draft of this letter with LOB by Monday 28th September.

FP/15/085 Future Focus Programme Board

1. FB reported that the Trust was £71k down, due to programme delivery dates being delayed. She further reported a YTD under-delivery of £150k. Pharmacy and Procurement represented £50k, but both were expected to recover by the end of the year. Estates were not due to begin delivery until the following month.
2. On CIPs, FB advised that key concerns remained around Medical Standardisation, Overhead Reduction and the Estates Master Plan. The Estates Master Plan was expected to recover some of the £707k, but it was as yet unclear to what extent. The year end forecast was reported to be £3.154 million under plan, but it was noted that there may be some mitigation. A reforecast of CIP would be provided at the next Finance and Planning meeting.
3. On the nursing agency rules, the Committee were updated that the two ‘top’ agencies, Thornbury and ProHealth, were not included in the framework. Further analysis was consequently required, to determine the full impact of the TDA’s new guidance. A workforce agency toolkit could be utilised by Programme Managers to identify the staffing cost differences between the Trust and other organisations.
4. On the financial challenge issue, FB noted her key concerns about the potential for double counting.
5. FB updated on the current allocation of CIP targets to Corporate Services and LDUs’ budgets, prior to the impact of any Trust-wide schemes. She estimated that LDUs would finish with approximately 3% CIP, and Corporate Services with between 1% and 2%. FB suggested that the Trust was in danger of disproportionately targeting the CIP programme, and undertook to update the Committee in October.
6. The Committee resolved to **note** the report.

FP/15/086 Reference Costs Update

1. TR provided an overview of the report as presented in the meeting papers.
2. The Committee agreed that the next Reference Costs report was to include further analysis of the Community and Inpatient data, and to show the information separated by locality – **ACTION TR**
3. TR advised that a comparison with other Trusts would be possible once the reference cost data was released in November.
4. The Committee resolved to **note** the report.

FP/15/087 Quality and Performance Report M5

1. MP updated that it had been agreed that the BANES and Swindon Crisis Teams would be involved in the gatekeeping of admissions process; however, the procedures had not been universally applied. This had resulted in continued underperformance, and had been raised as a matter of urgency for resolution. More work was required by the Wiltshire locality, to ensure that the process was implemented successfully.
2. On the IAPT Moving to Recovery indicator, MP reported that BANES had remained consistently above the 50% target and that all other localities below target in August 2015. MP reported that work was being undertaken to ensure that the processes that had worked in BANES were being shared with and used in other areas.
3. MP updated that improvement had been evidenced in Bristol on the ‘service users with an annual review (non CPA)’ indicator.

4. On the Service Users in Settled Accommodation indicator, MP reported that improvements had been made and that Gloucester was currently meeting the required standard. When the Bristol Central Recovery Team intervention had first begun, there had been 230 unallocated cases. MP updated the Committee that there were currently 40 unallocated cases. It was acknowledged that while this measure was 'crude', it successfully drove good behaviours and practices.
5. The referral to assessment indicator remained an issue in Bristol. Process issues had been resolved reasonably quickly, but capacity issues were harder to resolve. Bristol community teams had had difficulty attracting registered healthcare professionals. MP noted that there had, however, been a perceived improvement in morale, which he hoped would assist with the retention of students and new recruits. It was reported that Somerset's performance had significantly improved since they had recruited additional workers.
6. It was suggested that the 'Early Intervention: Referral to Treatment' indicator was 'volatile'. An implementation plan was being devised, in response to the new standards within the Framework for Early Intervention. It was intended that this indicator would improve and become more consistent once the plan was implemented.
7. MP undertook to discuss Data Quality Indicators with James Eldred, before the next Finance and Planning Committee meeting – **ACTION MP**
8. MP updated that a bed management system was currently in place which had successfully improved capacity issues and reduced stresses within the Trust. Internal capacity was being used at an optimum level, in order to minimise the need for out-of-Trust placements. Overall, the Trust remained largely within 100% occupancy. MP added that there were some issues with bed numbers within PICU.
9. The Committee were informed that discussions were ongoing with Priory and Cygnet, regarding the possibility of reducing the number of beds that the Trust commissioned. It had been decided that because Cygnet was 'more responsive', Priory's capacity would be reduced and Cygnet's would be sustained. MP agreed to include a 'rehab graph' in the next month's report.
10. The Committee discussed the benefit of both itself and the Quality and Standards Committee and tracking out-of-area costs. It was acknowledged that the Finance and Planning Committee's interest was in being updated on any financial and key contractual implications.
11. The Committee resolved to **note** the report.

FP/15/088 Commercial and Tendering Report

1. PW reported that the interim tender for the Children's Services across Bristol and South Gloucester had been submitted on the 24th September. He outlined that this was a one year, interim contract.
2. A £2.1 million gap had been identified between the cost of NBT's delivery and the actual cost of providing the service, but the Trust had submitted a bid that represented the cost of the service plus a 1% uplift on salaries. It was noted that Virgin was the Trust's primary competitor.
3. PW hoped that the tender result would be confirmed by mid-October. Consultation was underway in respect of the long-term procurement of the Children's Services contract.
4. PW updated that Secure Services and BCH had submitted their bid for Specialist Offender Health.
5. The Committee resolved to **note** the report.

FP/15/089 Resource Mapping and Contract Desegregation Impact

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1. PRS outlined that the resource mapping and contact desegregation project had been commissioned to deal with the potential destabilisation of the health of economy, in the event that Bristol took their funds out of the system without re-basing or without payment from other CCGs.
2. The outturn figures for 2014-15 had been analysed, and re-worked resource mapping for 2014-15 had been completed under two different methodologies. PRS reported that the team had been working with CCGs to develop commissioning processes, enabling them to identify when funding was required from elsewhere. Work was also underway with Operations, to develop processes that would inform CCGs if out-of-areas were occurring within Inpatient or Community teams. PRS noted that NHS England had been invited to engage in these discussions.
3. PRS reported that the CCGs had bought into the process, requesting refreshed data for Inpatient and Community activity. This would: allow for better analysis of Bristol, exclude the effect of the losses on the Swindon contract and include the impact of the current out-of-Trust risk shares.
4. TG asked for more detail on which services were involved, and whether they were locality- or Corporate-based. He noted that County Councils and local authorities were 'aiming for devolution', and were therefore unlikely to support the establishment of a large hospital in a central location. PRS agreed to further update the Committee at its next meeting, providing more detailed information – **ACTION PRS**
5. The Committee resolved to **note** the report.

FP/15/090 TDA Oversight Return

1. The Committee **resolved** to **note** the report.

FP/15/091 Review of ESEC Transition

1. SH suggested an amendment to the Committees' Terms of Reference, advising that she should not be required to attend the Quality and Standards Committee as a member. She confirmed that she would continue in her membership of the Finance and Planning Committee, and agreed to attend the Quality and Standards Committee on invitation, when required.
2. SH further suggested that Andrew Dean should be appointed as Chair of the Workforce Management Group.
3. The Committee **approved** the proposed Terms of Reference and work plans, on the basis that SH's amendments be accepted.

FP/15/092 Any Other Business

1. TG asked for an update on potential partnerships with Community teams in Swindon. SH advised that discussions were underway with Swindon about potential partnership opportunities, particularly around Community Later Life services.
2. In terms of horizontal reporting, the Committee agreed that the Board needed to be briefed on Resource Mapping at an appropriate time.
3. The Committee evaluated the meeting, giving an overall rating of four out of five. It was noted that having the papers in advance had enabled the Committee to hold useful and concise discussions. Attendees agreed that the meeting had been well chaired, and noted that it had run to time.

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4. It was suggested that a case study could be written up to show planned interventions in Bristol –
ACTION MP to consider this possibility