

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

Held on Monday 21<sup>st</sup> December 2015 at 9.30am, in Seminar Room 4, Jenner House

These Minutes are presented for **Approval**

### Members Present

Barry Dennington, Non-Executive Director (Chair)	Sue Hall, Director of Resources
Peaches Golding, Non-Executive Director	Mathew Page, Acting Director of Operations
Gordon Folkard, Acting Head of Operational Finance	

### Staff In Attendance

Hayley Richards, Acting Chief Executive	Pippa Ross-Smith, Head of Strategic Finance
Peter Wilson, Head of Business Development	Newlands Anning, Head of Quality, Swindon
Liz Richards, Managing Director, BANES	Balaji Mannu, Interim Head of PMO

### FP/15/124 Apologies

1. MP recorded his apology for his late arrival (arrived 10am).
2. No other apologies were received.

### FP/15/125 Declaration of Members' Interests

3. 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.
4. **No declarations of interest were made.**

### FP/15/126 Minutes/Summary of the Meeting on 20<sup>th</sup> November 2015

1. The minutes were reviewed for accuracy page by page.
2. A spelling error was noted on Page 5, item 5. 'May' should read 'make'.
3. On Page 5, item 7, it was noted that PRS had been the speaker (not PRP).
4. A grammatical change was made on Page 6, item 11. It was determined that the sentence should read 'MP advised that this report was defined by Monitor and could not be amended'.
5. There was a brief discussion about item 7 on Page 5. It was noted that the frustration recorded by MP had been in relation to his having to present the PMO paper written by FB who had left the organisation. It was also noted that MP is a nurse.
6. The minutes were **approved** with the amendments noted above.

### FP/15/127 Matters Arising from the Previous Meeting on 20<sup>th</sup> November 2015

1. On item one, SH reported that she had been advised that the Gateway Review was due to begin. It would be completed by NHS England and therefore no completion date could be indicated. The item was recorded as being **ongoing**.
2. On item five, LR advised that the Safer Staffing figures were being ratified with the MDs. It was noted that spending on the Safer Staffing model in the localities would be greater, while spending on Secure would be less. The net position would likely be neutral with no savings anticipated.

The Committee agreed that AD be asked to provide information on when the Safer Staffing model would be finalised. **ACTION SH.**

3. Items six through nine were reported as **complete**.
4. PRS reported that item 11 was **ongoing**. PRS undertook to provide a brief email update to Committee members on the Resource Mapping and Reference Cost Data and to present a formal paper at the January meeting.
5. It was noted that item 13 would be discussed during the Commercial and Tendering Report.
6. BD reported that item 14 had been **completed**.
7. In relation to item 15, it was noted that an assumed figure had been provided in the 16/17 Budget Papers.
8. BD reported that item 16 had been **completed**.
9. In relation to item 17, SH reported that the formal contract notice had not been in the last month's return but was referenced in M8. This item was marked **complete**.
10. MP reported on item 2, advising that the IAPT proposal would be brought to Quality and Standards Committee in January 2016. This item was noted as being **ongoing**.
11. In relation to item 3, MP advised that James Eldred and Sarah Branton were attending the meeting to present the Bristol Local Assurance Plan to the Committee. MP advised that Em Adams was leading a piece of work around the unallocated case issue that had been identified in Bristol (which could have been replicated elsewhere). All other triumvirates had given assurance they did not have the same issue. Feedback on the systemic response would be provided in January 2016. This item was noted as **ongoing**.
12. On item 10, it was noted that lessons from the Devon Systems Optimisation Project had been explored within AWP through the ESR Working Group and the RiO Southwest Working Group. This item was marked as **complete**.
13. On item 12, MP confirmed that managers had been reminded that carrying out appraisals was considered a priority by the Trust. This item was marked as **complete**.

#### Horizontal Reporting

1. Item three was reported as **complete**.
2. In relation to item four, it was noted that review of the PMO arrangements was included in Q1 of the Internal Audit Plan. This item was marked **complete**.
3. Item five had been delegated to the Workforce Strategy Group. This item was marked **complete**.
4. It was reported that item six would be discussed at the Future Focus Programme Board and at Trust Board meetings. This item was marked **complete**.
5. Item seven was reported as being **complete**.

#### FP/15/128 Finance Report M8

1. SH reported a surplus of £256k in November, which is £96k more than had been budgeted. However, given the deficit position, this surplus had not been sufficient to bring the Trust back to the budgeted position for the year to date.
2. SH reported that the planned surplus of £2 million should be achieved by delivering on the mitigations (which total £5.7 million).

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3. In relation to Pay costs, while it was acknowledged that the pay costs were over budget, it was noted that agency spend was being reduced. There had been notable changes in Secure Services and BANES were reducing their agency forecast. It was noted that the Trust was still using agencies that were not on the framework due to there not being available/sufficiently skilled staff within the approved agencies. Additional administration staff had been added to the Recruitment Team to fast track the recruitment of nurses who were leaving agencies. Bank staffing was rising as a result of the agency ban, Trust recruitment efforts and the move to weekly pay.
4. There was a discussion about the accuracy of the Actual versus Forecast Agency cost. SH considered that the degree of accuracy was as high as could be expected in the current circumstances and reported that forecasting was compiled from the bottom-up using realistic assumptions on what was achievable.
5. There was a discussion about 'Table 3: All Agency, Locum and Bank WTE' with it being noted that the 'Agency' line included all Agency staffing (including nurses and administration). 'Medical Agency' also included pharmacy and locum. It was agreed that this should be split out into Medical, Locum, Doctors and Pharmacy. It was also agreed that the headings (e.g. AWP Payroll) should stand out more. **ACTION SH.**
6. The Trust wide overspend on drugs by £280k was reported to be a result of CIP savings not being delivered, plus holding a stock of high cost drugs. There was work being done on reducing drug costs (e.g. through shared care).
7. It was reported that although the localities were delivering well on their Cost Improvement Programs, Trust wide plans had been slipping, particularly in relation to overhead reduction and reduction in use of Medical Agency.
8. It was noted that the cost benefits of using SKYPE for patient appointments had not been as high as anticipated given that travel and estates costs were retained and connectivity issues presented limitations. PG asked if the Trust remained positive that this strategy would be retained going forward. SH advised that the infrastructure was being put in place to enable the Trust to move forward with this strategy. Clinicians were also positive about utilising technology to improve service user experience.
9. SH reported on the Statement of Financial Performance. The Cash balance was reported as £2.3 million against the forecast position of £6 million. It was noted that the Trust was behind on the capital plan and also with disposals. The impact of additional spend on staffing was noted as affecting the cash position. SH reported that the situation was being closely monitored and a disposal strategy was being considered to bring cash in before the end of the financial year.
10. SH reported that one CQUIN was amber (cardio Metabolic Risk Assessment). She advised that the final audit was underway. It was noted that in the previous year the performance in Bristol had still been above the national performance level despite this being considered the Trust's worst performing area. It was anticipated that the Trust would perform sufficiently well in the audit.
11. BD asked who decides the optimum selling point for properties marked for disposal. SH advised that the Trust uses property advisors and that an overall discussion about selling strategies happens at Investment Planning Group.
12. SH reported on the Financial Challenge noting the Trust was reporting a risk of £5.75m. She outlined the breakdown as identified in 'Table 7: Breakdown of Months 7 and 8 unmitigated financial positions'. There was a discussion about the movement in forecast variances with it being noted the Bristol's position was principally related to staff overspend. It was noted that the

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Corporate Total included the non-delivery of the CIP.

13. SH spoke on Table 9 which outlined the mitigations to be put in place to enable the Trust to meet its surplus target. SH advised that despite the work being done on reducing agency staffing and increasing retention rates to effect skill mix changes, this strategy was not working. She advised that other plans were being considered to replace this strategy. She also reported that anticipated NHS income for Wellow Ward would not be received because the ward had not been opened until December. The Acute Care Pathway beds would now be retained until March 2016 which was reported as a further cost pressure for the Trust.
14. It was noted that a number of beds were closed in Juniper and Sycamore wards which was leading to the Trust buying beds elsewhere. SH proposed that the Trust capitalise the costs as part of the Hillview Project Cost and the work being done in Juniper because those costs were associated with the capital build. She advised that she was checking with the auditors whether this could be done. She noted that at £2 million, this would offset some of the workforce efficiencies as well as the Acute Care Pathway Bed Management costs. This would leave a gap of £1.7 million of additional plans requiring development.
15. BD asked how certain SH was about the potential for capitalising costs. SH indicated she was confident this could be done. BD asked if there was a list of additional plans available at this time. SH advised that the FFPB would be working on this.
16. SH advised that she would not recommend amending the surplus target at this point and confirmed that more work was being done within the Finance Team to identify further strategies to raise the shortfall.
17. The Finance Report was **noted** by the Committee.

#### FP/15/129 Future Focus Programme Board

1. The report was taken as read.
2. BM provided a brief summary of the programmes in place, highlighting Systems Optimisation (£85k) which would deliver the anticipated savings, but not until the following financial year. This was also noted to be the case for the Estates Master Plan.
3. BD recalled that during the last meeting, the Committee had discussed items with no alternative plans (Medical Standardisation, Overhead Reduction and NQD). He asked whether there were any further updates in regard to these items. MP advised that there were no alternative plans in place beyond those described in the Financial Challenge. HR advised that the Medical Standardisation programme had been delivered through review of contracts, payments, job plans, salaries and it had been determined that there was no extra slippage. The work was being done to reduce costs by using in-house locums and using new models of care (non-medical prescribers etc.).
4. BD noted that the three items had been anticipated as achieving £2.6 million of savings, but the report indicated that these plans had completely failed. He asked what had led the Trust to believe that the savings could be delivered in the first place. BM advised that some of the plans had been delivered in part and undertook to provide some details on how much of the £2.6 million savings had actually been achieved. **ACTION BM.**
5. SH noted that the Overhead Reduction included the additional profit made on disposals against the Estates Master Plan. She noted the loss of income from Bristol and identified the work that was being done on Space Utilisation. She summarised that savings were being achieved and would be delivered, although not necessarily in the 2015/16 financial year.

6. BM advised that in regards to NQD, there was a piece of work underway on Safer Staffing. This would not deliver £280k but should still deliver some savings.
7. SH made it clear that the savings were not considered to be delivered until the budget could be removed, hence the programmes were identified as failing.
8. MP summarised the Financial Challenge and noted the success in reducing agency use. The Safer Staffing plan had now been approved and had an anticipated start date of 1<sup>st</sup> April 2016.
9. In regards to the Hillview Project, BD noted that if the site was sold, they would need to determine what the profit share would be between RUH and AWP. He advised that IT was negotiating this and indicated it was important that any agreement formed should be documented. PRS advised that the current agreement was that AWP would only gain from the sale if they had picked up extra risks on the Manor House. SH advised that a Memorandum of Understanding would define the terms. BD requested that a specific conclusion be presented to the Committee as soon as possible. **ACTION PRS/SH.**
10. SH advised that the Executive Team would present a proposal to this Committee about meeting the gap of £1.7 million. BD asked what expectations had been set around whether or not the £1.7 million could be found. HR advised that at the Executive Team would consider this at their meeting the following day.
11. PG noted the importance of considering the expectations that had been set with TDA when the Trust had discussed the increased stretch target with them. She noted that the anticipated surplus position had provided leverage for AWP to push back on the stretch target increase and failure to reach this would not be well-regarded.
12. The Future Focus Programme Board Report was **noted** by the Committee.

**FP/15/130 Strategic Resources Work Streams: Update**

1. PRS provided a brief summary of the work being done on mapping of the estate and space utilisation. She advised that the team was considering the nature of each piece of the estate (freehold, leasehold, square meterage, running costs, use, service users, and staff) and seeking to rationalise the utilisation while mitigating staffing and technological issues. She advised that the first cut of the data analysis would be available in January 2016.
2. HR advised that the data would be considered and proposals would then be made about rationalisation of the estate. She noted that the Trust would be able to make some decisions without reference to other stakeholders, but they would need to work with accountable officers to determine the direction and actions that could be taken over the longer term.

**FP/15/131 Quality and Performance Report M8**

1. MP presented the key issues outlined in the Quality and Performance Report.
2. MP advised that the Delayed Transfer of Care indicator had deteriorated. He advised that in Swindon there had been a practice change around the engagement with the Acute Care Pathway project which has led to reported DTOC increasing. NA provided a brief summary of data recording issues (which had now been resolved) and the impact of using new practices and new agencies for transfer of care.
3. MP also advised that Bristol had identified issues with placing patients in specialist placements. The CCG was working with the Local Authority on a plan to resolve these issues.
4. MP noted the ongoing issues with Gatekeeping of admissions by crisis teams, particularly within the Wiltshire locality. It was noted that there had been 14 breaches within the Trust over the last

three months. Weekly reporting from the localities to MP was now in place and the trajectory had shown improvement.

5. SH and LR sought clarification on why Gatekeeping indicators were red given the Executive was aware of data entry errors in RiO. It was noted that TR had been informed about the errors and it was agreed that the indicators should be green. MP undertook to resolve this for the next meeting. **ACTION MP.**
6. MP noted the concerns about recording information in RiO for the indicator relating to service users with a carer. He noted the importance of checking the right boxes rather than recording information in narrative form. He advised that data entry guidance had been re-issued to support staff in completing records accurately. Data duplication, system issues and memory service data entry were identified as reasons for the failure to compile accurate records in RiO. It was noted that a great deal of work was being done with carers and it was agreed that staff should be made aware that poor reporting was in no way a reflection of the level of effort they were making.
7. It was noted that Bristol's work on the indicator 'Service users with annual review non-CPA' had been reflected in a rise in their compliance level. JE advised that he was confident that Bristol would maintain this improving trajectory.
8. MP summarised the Bed position. He noted that there had been high use of Acute and PICU beds. He advised that beds would be re-opening in Juniper ward in January.
9. There was a discussion about the number of concerns raised on the 'locally specified indicators chart' (Page 3 and 4) with it being noted that the concerns were not specified. It was agreed that the concerns should be listed to provide a clearer picture for the Committee. MP undertook to have TR revise this line to provide specific information on the concerns. **ACTION MP.**
10. The Quality and Performance Report was **noted** by the Committee.
11. MP introduced James Eldred and Sarah Branton who made a presentation to the Committee about the Bristol Locality Assurance Plan.
12. JE advised that the Plan had required the redeployment of resources and prioritisation of the CPA 12 month review, non-CPA 12 month review, Crisis Contingency Planning, Appraisal and Supervision.
13. SB advised that Referral to Assessment had been a difficult area for Bristol because they had struggled to retain professionally qualified staff and the service model did not provide sufficient capacity. The Bristol team had analysed the data and considered the skill mix, training arrangements and suitable interventions that would enable Bristol to deliver the model effectively.
14. Training had been delivered to assist staff to understand the role around non-CPA because the majority had not come from this background. L&D have been working with partners to negotiate the induction package and training.
15. It was noted that there were complexities around appraisal and supervision because Bristol must consider partner targets as well as those of AWP.
16. SB reported that Commissioners were on board with Bristol locality in terms of understanding the work that needs to be done to stem the flow of referrals.
17. HR commended the effort the Bristol Leadership Team had put into facilitating fruitful conversations with Commissioners. SH also noted the positive turnaround of partner relationships within the Bristol locality and commended JE and SB on their work in this regard.

**FP/15/132 Commercial and Tendering Report**

1. PW reported that AWP had been successful in the tender for the Tier 4 Holding Contract CAMHS. He noted that AWP's scoring had been particularly high on this tender. PW advised that this contract would provide £2.1 income and would begin 1<sup>st</sup> April 2016. He advised that the successful tender could be publicised after 30<sup>th</sup> December 2015.
2. PW advised that he had received reports that AWP had been successful in the Bristol, Gloucestershire and Wiltshire Offender Health tender. SH advised that there was a potential challenge afoot and this new could not yet be announced.
3. PW advised that AWP had been unsuccessful on the tender for Wiltshire Community Health – (Medvivo). The feedback had been less about the quality of the Medvivo submission and more about the high quality of the Acute submission. More feedback was expected imminently.
4. It was noted that the CAMHS contract awarded across Bristol and South Gloucestershire was still in the due diligence phase. PW recalled that the Board had delegated authority for this tender to the Finance and Planning Committee Chair at their last meeting and sought confirmation that this authority was retained given there had been slippages in timelines. The authority of the Finance and Planning Committee Chair was confirmed.
5. It was reported that the CAMHS tenders would begin in January 2016. PW undertook to send a separate report on this to Executive Team. **ACTION PW.**
6. The Commercial and Tendering Report was **noted** by the Committee.

**FP/15/133 TDA Oversight Return**

1. SH reported that the summary sheet made reference to the contract notice received 10 November and would be reflected in the TDA oversight return. The Trust was seeking clarification on the detail of which element the contract return falls under. The understanding at this point is that it is related to contractually commissioned services.

**FP/15/134 TDA Meeting Minutes**

1. The TDA Meeting had been cancelled so there were no minutes to review. SH reported that she and MP had attended a teleconference with the Finance colleagues about operational and financial performance. HR had also had a teleconference with TDA colleagues.

**FP/15/135 Any Other Business**

1. No other business was declared.

**FP/15/136 Committee Evaluation**

1. PW: Scored 3. Felt they had rushed through some items.
2. PRS: Scored 2.5. Considered it had been difficult to hold robust discussions within the time allowed, but the discussions that had been held were very good.
3. SB: Scored 3. This was her first time in attendance. Felt that the meeting had been quite 'squashed' due to delays in attendance.
4. NA: Scored 2.75. Noted that this was his first time in attendance so he had nothing to gauge his score against. It had been good to see the interactions and the bigger picture, but felt it had been quite rushed.
5. LR: Scored 3. The papers had improved from the last meeting. The meeting had run more smoothly although they were pressed on time.
6. SH: Scored 3. Noted the good quality of discussion around the various papers. She felt they

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needed to find a way to change the papers to provide the information required. She was pleased that consideration was being given to finance, quality of services, operational delivery and impacts of actions taken.

7. MP: Scored 3. Noted process issue around papers and the need to ensure there was triangulation between PMO and Finance reports. He felt it was difficult to know what level of detail to provide in the papers. Time pressure of the meeting was noted.
8. PG: Scored 3.5. Liked the representation from the LDUs which added to the discussion in terms of being able to reality check. Discussions were challenging and good responses were received. Cautioned that the committee should not let the financial performance affect the functioning and quality of discussion.
9. JE: Scored 3.5. Noted the focus on the bigger issues.
10. BD: Scored 3. Disappointed that the meeting had not kept to time. Felt there was more value in the discussion and the interaction. He suggested that when the Committee invites speakers from a locality, plenty of time should be made available for their presentation. He suggested that a brief summary of locality presentations should be included in the papers.

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