

Minutes of a Meeting of the Finance & Planning Committee
Held on 25 th October 2012 at 9.00am in Seminar Room 3
These Minutes are presented for Information

Members Present	
Alison Paine (AP) - Non-Executive Director (Chair) Tony Gallagher(TG) - Trust Chair	Sue Hall (SH) – Interim Director of Finance Andy Sylvester (AS) - Executive Director, Operations
In attendance	
Paul Miller (PM) - Acting Chief Executive Kristin Dominy (KD) – Service Director, Specialised Drug and Alcohol Services Peter Wilson (PW) – Head of Business Development & Bids John Ridler (JR) - Head of Financial Control Henry McNeill (HM) - Marketing Consultant	Jane Britton (JB) – Foundation Trust Programme Director Carol Bowes (CB) - Acting Service Director, Specialised and Secure Services Louise Hussey (LH) - Assistant Company Secretary (<i>Minute taker</i>)

Item	Action
1. Apologies 1.1. Peter Greensmith - NED, David Colyer (DC) – SD Adult Acute Inpatient SBU, Kevin Connor (KC) – Interim Service Director, Adult Community SBU, Emma Roberts (ER) - Company Secretary, Pippa Ross-Smith (PRS) - Deputy Director of Finance, Denise Claydon (DC) - SD Liaison and Later Life SBU	
2. Minutes of the meeting on 21 September and matters arising 2.1. The minutes were agreed as an accurate record. 2.2. Subsequent to these minutes it has been agreed that the committee does not need to see further iterations of the Specialised and Secure Business Unit Business Plans. 2.3. Kristin Dominy noted that she is working to align the SDAS Business Plan with quality improvement planning.	
3. Matters arising not on the agenda elsewhere 3.1. 20.7.12 (7) – PW has drafted a paper with learning points from both winning	

Sponsor: Chair

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	<p>and losing tenders and distributed to all those recently involved in this process. A template is being developed which will incorporate learning points and will be available on the tender sharespace on Ourspace. It was confirmed that access to this can and will be restricted.</p> <p>3.2. 17.08.12 (6) – PRS has been working with the Director for People to better understand the real picture on vacancies and staff costs. The outcome of this work will be fed back to the Employee Strategy and Engagement Committee (ESEC). Lee O'Bryan, Paul Miller, Andy Sylvester and Julie Thomas have also met to discuss this and a further meeting is planned. It was agreed that a key learning point is around transitional arrangements to ensure continuity of information through the Electronic Staff record -(ESR) during periods of change, such as the re-design process.</p> <p>3.3. Alison Paine requested that any financial implications that fall out of these discussions at ESEC should be passed to this committee.</p> <p>3.4. Tony Gallagher underlined that the primary concern of the Trust is the safety and quality of service delivery and that the use of vacancies as a proxy to manage demand could compromise this. Paul underlined the practical issues in the current labour market of managing supply when demand flexes and the operational impact of this. A variety of models which could address this issue were discussed.</p> <p>3.5. Carol Bowes noted that the real issue is about the availability of staff and that sickness and other absences are a significant factor.</p> <p>3.6. It was agreed that the Trust should consider other longer term solutions involving working with trainees and graduates and promoting the career and training opportunities in Mental Health. Tony Gallagher agreed to pass this to the ESEC Committee for its consideration.</p> <p>3.7. 17.08.12 (6) Andy Sylvester confirmed that a great deal of work is on-going, both internally and externally, on resolving the question of unfunded S136 costs. This will be picked up and reported on through the Quality and Safety Committee.</p> <p>3.8. 17.08.12 (9) It was confirmed that Peter Greensmith is still awaiting a quantification of people referred to the Trust in a year who are referred to Community Services.</p> <p>3.9. 21.09.12 (3) it was confirmed that the task of embedding a process for delivering service line management is now in the medium term FFtF action plan.</p> <p>3.10. 21.09.12 It was confirmed that there will be a Service Redesign update at the November Board meeting and six monthly thereafter to the end of the project.</p> <p>3.11. Alison Paine updated the committee on actions delegated to this committee from the September Board meeting and requested that this information be captured from Board Minutes each month and added to the committee's</p>	<p></p> <p>TG</p> <p></p> <p>TG</p> <p></p> <p>AS</p>

Comment [A1]: What does this stand for? Expand all acronyms at first mention please – or else include in abbreviations at end

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	<p>matters arising.</p> <p>3.12. Information on increased costs relating to Out of Area is included in the Finance Paper on the agenda for this meeting.</p> <p>3.13. The tracking of drugs spend is referenced in the same report. Tony Gallagher underlined that there should be a greater focus on this as the issue is also being raised in the Quality and Safety Committee. Andy Sylvester noted that the setting up of the Avon Pharmacy Service in Callington Road is expected to have a positive effect on drug spend and he will be tracking the figures once this has been in place for two months, when he can bring this back to the committee.</p> <p>3.14. It was suggested that a separate appendix to the Finance Report on drugs spend analysis would be helpful in future</p> <p>3.15. Andy Sylvester noted that the new electronic system will be able to track prescribing practises. It was agreed that the Trust needs to be in a position to better articulate why its drug spend is above the national average and noted that some of this is related to formulary.</p>	<p>AS</p> <p>SH</p>
<p>4. Trust Annual Operating Plan</p>	<p>4.1. This paper will be presented at the November meeting when the timetable for next year is has been agreed.</p>	<p>SH/PRS</p>
<p>5. Finance & Performance Paper – M5</p>	<p>5.1. The committee received this paper which outlined the Trust's financial position for the year to 30th September 2012.</p> <p>5.2. The greater clarity in the revised format of this paper was welcomed.</p> <p>5.3. The committee noted the cumulative position of the Trust and that it is on track to achieve its forecast surplus.</p> <p>5.4. The committee also noted that the income position is £1,282k above plan and that this will be offset by Out of Area (OOA) expenditure. It was noted that the major OOA issue is related to PICU usage, as described in the paper. (This should refer to <i>Psychiatric</i> Intensive Care Units (PICU) at item 1 on page 4) Management action has been put in place and there is work on-going to change the culture around the use of PICU with internal clinical solutions to address this.</p> <p>5.5. The committee noted that there are £2.5m of savings plans still unidentified. It was agreed that this should be described as a 'downside' risk of £2.5m as mitigations to address this are described within the paper.</p> <p>5.6. The analysis of drug spend within AWP was noted including explanation of the slippage of the Liaison and Later Life SBU drugs saving plans.</p> <p>5.7. It was suggested that the final schedule on page 6 of the report is not helpful as the schedule on Page 10 demonstrates the complete picture. It was however agreed that the detail of the management of the SBU variances in</p>	<p>SH</p>

Comment [A2]: Not costs?
Income offset against income?
Pse check with Sue

Item		Action
	year of should continue to be included in the report.	SH
5.8.	Tony Gallagher requested that the detail of agency spend should include a percentage comparator against the previous year's figures.	SH
5.9.	The gap in the CRES plans was discussed and it was noted that SBUs are meeting to discuss further plans to close this gap. It was noted that all plans have a quality impact assessment to address the concerns that some actions might have an adverse impact on quality. It was noted that the Executive Team is confident that achievable mitigations can be found to address the savings gap and that these have been accepted at the Trustwide Management Group (TWMG). It was agreed that a report on this will come back to the committee in November.	SH/PM
5.10.	The low level of capital expenditure at this point in the year was noted at only 12%. It was confirmed that the Estates Department is confident that the planned capital projects will take place. It was acknowledged that there are lessons to be learned regarding earlier planning to enable implementation earlier in the year.	
5.11.	Tony Gallagher expressed concern that while two of the top three SBU concerns reported to the Quality and Safety Committee relate to estate issues, Estates is reporting that there are no particular issues. It was agreed that the Trust should not only be sighted on the functional suitability of estate but also on the clinical suitability of the environment.	AS
5.12.	<p>The committee resolved to approve the following decisions as described within the report :</p> <ul style="list-style-type: none"> • To agree the revised authorised capital envelope • Agree the new bid for the ECT equipping following review by IPG (£43k) • Agree the new bid for Callington Road Fencing (£180k) • Agree to go out to the second tender for Grove Road • Agree to Lodge Causeway being brought forward to a November auction 	
Finance & Performance Activity		
5.13.	The committee received a report on a high level overview of the Trust's activity for this period.	
5.14.	The report was welcomed however further context was requested around current targets and comparators.	
5.15.	It was discussed that the relationship between income and occupancy varies across SBUs. It was agreed that it was necessary to develop a strategy to engage with commissioners around income and underlying costs including staff costs.	
5.16.	It was noted that the failure to hit Delayed Transfer of Care (DTC) targets in a majority of cases is about the lack of a specialist facility for onward transfer, especially in the case of Liaison and Later Life service	

Comment [A3]: Pse insert actual % I seem to remember it's about 12.5%)

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5.17.	<p>users. The potential for partnership opportunities relating to this was noted.</p> <p>Alison Paine asked for clarification of the figures in 4.1 and 4.2 – Primary Care Liaison (PCLS) referrals outcome and wait for assessment. It was agreed that the two tables should reconcile. Andy Sylvester will provide this.</p>	AS
5.18.	<p>It was agreed that Jane Britton would meet with Andy Sylvester to discuss the overlap of Fit for the Future actions and Performance key metrics to confirm that the current metrics are both explicit and correct.</p>	AS/JB
6. Transfer of Land at Blackberry Hill to North Bristol NHS Trust		
6.1.	<p>The committee received this report which advised it of a request from North Bristol Trust to transfer a plot of land at Blackberry Hill hospital. The committee were asked to ratify the approval of the land transfer at Net Book value.</p>	
6.2.	<p>It was confirmed that Net Book value is the NHS practice and not market rate.</p>	
6.3.	<p>The committee agreed to approve this.</p>	
7. Marketing Update – objectives and timeline		
7.1.	<p>The committee received a presentation from Henry McNeill, Marketing Consultant, on his work to date on the Trust's Marketing Strategy.</p>	
7.2.	<p>Henry presented his analysis so far of the Trust's current position and suggested themes for an AWP Business Strategy. He observed that the need is for a golden thread which clarifies the organisation's longer term objectives, articulates clearly how it intends to achieve them, and that providing this is inclusive and widely supported it will enable the Trust to address key business issues and drive service change.</p>	
7.3.	<p>Paul Miller noted that there is a limited timeframe in which to establish this and that, whilst he agreed that the series of workshops proposed would encourage a collaborative approach, it was necessary for the Trust to provide the direction and framework to inform these.</p>	
7.4.	<p>It was agreed that the Trust's experience of working with locality management will be vital to consolidate business with existing commissioners such as CCGs, and a plan for addressing this would be an important element of the short term strategy.</p>	
7.5.	<p>The Trust Planning Day on 21 November was identified as an initial forum for discussion and that it would be helpful to have had some of the workshops prior to this.</p>	
7.6.	<p>Tony Gallagher cautioned against the Trust being involved in parallel processes around the annual budget, IBP and the Marketing Strategy and that the proposed workshops should therefore have clear pragmatic parameters. He suggested that time pressures require that the Trust take</p>	

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	<p>what is good from the existing IBP and refresh this rather than starting from scratch.</p> <p>7.7. Tony highlighted the lack of clarity between re-organisation and clinical innovation and that a methodology to encourage clinical innovation from the bottom up would be helpful. Paul underlined that essentially the development of PCLS and the whole of the redesign process is a clinical innovation and that there may be a need to communicate this better.</p> <p>7.8. Henry agreed to develop a framework for the workshops which he will bring back to the next meeting.</p> <p>7.9. Henry McNeill was thanked for his work to date.</p>	HM
<p>8. Fit for the Future</p>	<p>8.1. It was agreed that, since the Board will be updated on both the Fit for the Future Plan and FT progress within a few days, this update will be withdrawn from the meeting agenda.</p> <p>8.2. Jane Britton confirmed she is happy with progress against the the FFtF actions allocated to this committee.</p>	
<p>9. Commercial Activities Update Report</p>	<p>9.1. The committee received this report which updated it on tenders won, existing contracts out for tender and new business opportunities.</p> <p>9.2. The committee welcomed the Trust’s success in gaining the following contracts:</p> <ul style="list-style-type: none"> • Bournemouth Community Drug and Alcohol Services circa £710k • NHS Bristol/South Gloucestershire AQP accreditation IAPT £ Zero based • NHS South Gloucestershire IAPT waiting list initiative circa £12k-£50k <p>9.3. Tony Gallagher requested that key dates be included in this report.</p> <p>9.4. Kristin Dominy updated the meeting that the SDAS SBU have been asked to consider contracts in both the Liverpool and Leicester prison services and it was acknowledged that the management and governance implications of this should be carefully considered.</p> <p>9.5. Kristin also reported that some potential contracts require the use of external systems for patient records and that this might require double updating. Alison Paine observed that if RIO’s inflexibility and poor interconnectivity appeared to be limiting the Trust’s business development opportunities the IT Team should be asked to review options to address this.</p> <p>9.6. <i>[Since the meeting the Chair has requested a paper setting out how and by whom significant potential tenders should be evaluated and approved, since this is not clear from the current Delegation of Authorities].</i></p>	<p>PW KD/PM</p> <p>SH</p> <p>SH</p>
<p>10. Service Redesign – on-going scrutiny</p>		

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10.1.	It was agreed that this item would be deferred pending a written report to the November meeting. The report should include financial information including actual costs and savings to date, compared to original project proposals.	AS
10.2.	It was requested that headline issues should be presented to the Trust Board, including post project evaluation.	AS
11. SBU Business Development Planning		
11.1.	This item was deferred.	
12. AOB		
12.1.	There was none.	

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Exec Dir People	Executive Director for People
Exec Dir M&S	Executive Medical Director and Director of Strategy and Business
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
TWMG	Trustwide Management Group
SBU	Strategic Business Unit
NED	Non-executive Director

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