

Minutes of a Meeting of the AWP Finance & Planning Committee

Held on 20th May at 2.30pm in Seminar Room 3

These Minutes are presented for Information

Members Present

<p>Alison Paine (AP) – Non Executive Director (Chair) Tony Gallagher (TG) – Trust Chair Peter Greensmith (PG) – Non Executive Director Paul Miller (PM) – Director of Finance Sue Hall (SH) – Interim Director of Business Development</p>	<p>Kristin Dominy (KD) – Operations Director Denise Claydon (DCI) - Managing Director, Wiltshire Steve Batson (SB) – Interim Managing Director, Specialised and Secure Services (<i>for Carol Bowes</i>) Liz Richards (LR) – Managing Director, Banes Karen King (KK) – Finance and Commerce Account Manager</p>
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Kay Wilson (KW) – PA to Director of Finance (*minute taker*)

Item	Action
1. Apologies	
1.1 Pippa Ross-Smith (PRS) – Deputy Director of Finance, Carol Bowes (CB) – Clinical Director, Specialised and Secure Services	
2. Minutes of the meeting on 23rd April and matters arising	
2.1. The minutes of the meeting held on 23 rd April were agreed as an accurate record.	
Matters Arising not on the agenda elsewhere	
2.2. Following AP's query last month on whether the PbR Activity Report should come to this Committee or go to the Quality and Safety Committee, it was agreed that a half hour presentation on Mental Health PbR be made to next month's F&P Committee meeting to assist with explaining the position so far.	

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Item	Action
3. Finance Reporting	
6 year CIP Programme/Update on 13/14 CIPs	
3.1 PM presented the CIP Programme and informed the meeting that these are in the IBP and have been through SMT. The update report had been written by Mike Ball and showed that of the 28 schemes listed, 17 had been posted in detail, with 5 in a holding position. Appendix 1 gave details on how the schemes had been posted.	
3.2 TG expressed grave concerns that the Executive Team and SMT did not seem fully signed up to the envelopes, and that the sequencing in relation to Quality and Assurance was not being followed. He stressed that the Executive Team and Localities need to be committed to signing the CIPs off, and he wasn't reassured that this was the case. KD agreed to work with the Locality teams to ensure that this was the case. The committee was informed that each scheme has a Quality Impact Assessment and has been scrutinised at the Quality and Standards Committee. But TG stressed that MDs and CDs need to sign up to 100% ownership. It had become clear at Q&S that at least one CD was not fully aware of the CIPs or the commitment required. KD also agreed to talk to the management teams to ensure they all understand the need to sign up.	KD
3.3 The committee was informed that there is an Exec/Project Lead for each scheme, and SH will bring a report on CRES to each F&P meeting.	SH
3.4 AP queried the £2m agency spend saving, bearing in mind there appeared to be no increase in WTEs. KD confirmed that she had received the report and that there should be an increase in established posts, with admin bank and agency being brought in-house. A paper will be going to ESEC.	KD
3.5 TG requested that the balancing figure in 25b be split out, and queried whether the figure in 28 was proportionate to the size of the directorate. More detail needs to be shown overall.	PM
Month 1 Finance Report	
3.6 PM presented the report to the Committee for discussion and explained it showed a position of £4k behind plan at M1, an actual surplus of £43k. Pay spend is £83k below plan, but is still on track. There are key issues around out of area costs with regards to drugs, and some CIP schemes need to be benchmarked. Overall, the cash position is healthy. With regard to capital schemes awaiting approval, it had been agreed at the last IPG that the CEO will now have the authority to approve any schemes under £100k. Those over £100k will still need full Board approval.	
3.7 PG queried whether the new equipment which had been purchased was meeting the needs of front line staff, and was assured that it was.	
3.8 With regard to CQUINS, TG asked if he was correct in assuming that no penalties had been incurred and we were delivering on all targets? This	

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<p>was confirmed.</p> <p>Income and Expenditure Comparison – 12/13-13/14</p> <p>3.9 Provided for information. After general discussion, it was agreed that more detail be provided on income.</p>	PM
<p>4. IQ Report on domains to be scrutinised by Committee</p> <p>4.1 SH presented the report for information and discussion, and highlighted the key issues that had arisen following the first month of using the new IQ information system to report the Trust's performance and quality data.</p> <p>4.2 In the Key Performance Indicators, the only ones that are not on or above target are IAPT 'moving to recovery', which has a score of 36% and a target of 50%, and care clusters: timeliness of review, with a score of 87% and a target of 95%. This means both indicators are showing red at the moment.</p> <p>4.3 The issue is further complicated by the fact that the TDA is following Monitor's measures for the first 6 months, and then will be introducing their own new measures.</p> <p>4.4 PG informed the meeting that the CQC will be looking at Service User and Carer engagement, but that he couldn't find the data in the report. He was informed the indicators are in the IQ system.</p>	
<p>5. Update on IBP/FT</p> <p>5.1 SH updated the meeting on the IBP. Chapters are being collated and comments being fed back. Rachel Clark and Kerry Geoghegan are conducting an overall review of the document, and a summary is expected by the end of the week for the Board meeting next week. It will then be going to the TDA at the beginning of June for feedback, with Version 11.1 ready by end of June, which will include comments. Locality involvement and how plans for localities are dealt with are included in Chapter 5, which will continue to be developed during the next year.</p>	
<p>6. Commercial (Tendering) Report</p> <p>6.1. SH informed the Committee that the report had been written by Karen King and was presented for questions/comments.</p> <p>6.2. A query was raised around the Bristol South Glos LD tender process and why we were unsuccessful in winning the bid. It was explained that we were bidding in partnership and allowed the partner/BCH to take the lead, which in hindsight was not a good choice, although they are well rated by Commissioners in Bristol. The tender was awarded to Sirona, who already had a mainstream module in place, whereas BCH would have to move to one. Sirona also came in with a very low bid.</p> <p>6.3. It was also stressed during discussion that we need to take into consideration the time involved in putting tenders together and other factors in future.</p>	

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7. Revised Bid Development Process

- 7.1. SH explained that this report was seen at the February meeting and at SMT, and is a refined process for comment.
- 7.2. AP commented that it is a huge step forward since February, far clearer and authoritative while at the same less top down; tender development is clearly delegated to the localities, with support rather than direction from the centre. She felt however that there remained a lack of a strategic framework to provide clarity on which services AWP wishes to be in and which not (eg CAMHs, Eating Disorders).
- 7.3. PM queried what the risk was on the high level tender assessment checklist, this needs to be expanded.
- 7.4. AP queried whether we were proposing yes/no answers or whether it made more sense to have a range , ie 1-5 would be more qualitative
- 7.5. Delegated authorities will need some criteria to go to the Board if they are over a certain amount.
- 7.6. More transparency will be needed in how we build up costs. KK is writing a costing strategy.
- 7.7. The report was approved subject to the above comments/remarks.

8. Draft IM&T Strategy

- 8.1. PM gave a verbal update on the IM&T Strategy. A draft document is in existence which will be going to SMT, Localities and back to F&P Committee in June. A final document based on any comments made will be ready for the Board in July.
- 8.2. PM also confirmed to TG that we are using the current strategy to relate to the IBP.

9. Policies

Treasury Management Policy

- 9.1 This is an updated policy which is presented for information/approval, and PM highlighted the key points.
- 9.2 SH suggested point 7.5 was removed as we do not have a working capital.
- 9.3 TG queried how we were managing cash balances with regard to Charitable Funds and it was recommended that a review be brought every 6 months.
- 9.4 AP queried whether the statement in paragraph 4.2 on page 4 precluded investment back into the business, and was informed these were held within a bank account.
- 9.5 Also in paragraph 5.1 on page 5, she felt the policy needed to specify the role of the associated Assurance Committee, and whether this Committee was the Audit Committee or the F&P Committee.
- 9.6 Paragraph 7.1.3 Monthly Reporting on page 7, the following should go to the Operations Cash Management Group:

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<ul style="list-style-type: none"> ○ A commentary on current banking relationships. ○ A review providing assurance that the permitted institutions used are maintaining the standard required. ○ Information on risk ratios relating to working capital, creditors, debtors and cash balances. ○ Aged debtor and creditor analysis. ○ Debtor and creditor days. <p>9.7 Any borrowing should be authorised by the Board.</p> <p>9.8 PM will update the report in light of the comments made and bring it back to the Committee.</p>	PM
<p>10. AOB</p> <p>10.1. There was none.</p>	

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Int Dir BD	Interim Director of Business Development
Exec Dir Nursing	Executive Director of Nursing
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

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