



Finance & Investment Committee (F&IC) Meeting Minutes

Venue: Boardroom, Springhill 2
Date: Tuesday 10 September 2013
Time: 1330-1730

Attendees:

Name	(Initials)	Title
Elaine Bond	(EB)	Non-Executive Director (Chairman)
Pat Drake	(PD)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Rod Barnes	(RB)	Executive Director of Finance & Performance
Dave Whiting	(DW)	Chief Executive
Anna Rispin	(AR)	Associate Director of Finance

In attendance:

Barrie Senior	(BS)	Non-Executive Director (Observing)
Steve Page	(SP)	Executive Director of Standards & Compliance
Mark Squires	(MS)	Associate Director of Support Services (Item 15)
Deborah Ridley	(DR)	Portfolio Manager (Transformation) (Item 8 & Item 15)
Catherine Balazs	(CB)	Head of Business Development (Item 14.3 & 15.0)
Tasnim Ali	(TA)	Service Planning & Development Manager (Bradford, Calderdale & Kirklees CBU) (Item 14.3)
Matt Watkins	(MwA)	Head of ICT Strategic Development (Item 14.2)

Apologies:

Minutes produced by:

Jo Wilson (JW) Executive PA

The meeting commenced at 1330 hours.

		Action
1.0	<p>Introduction & Apologies Apologies were noted as above.</p> <p>EB thanked F&IC members for accommodating the extended timings of the meeting. She stated that she would assumed that Committee members had read the papers and therefore this would allow more time to be spent debating the issues and agreement of recommendations around these.</p> <p>It was noted that the Committee would be observed by a TDA representative at the meeting in November 2013. No official response had been received from the TDA regarding previous F&IC meeting observations but this will be continued to be requested.</p>	

		Action
	<p>The quality and timeliness of papers was noted. EB advised that the care should be taken to ensure that the purpose of the paper should match the recommendations. For future meeting EB insisted that papers should be received by the administrator in a timely manner to ensure that production and sending out of the papers within the deadline was achievable.</p> <p>RB advised that there had been capacity issues with executives during July and August with regard to TDA requests but a piece of work is being undertaken relating to board and committee meetings which should allow a little more capacity for executive director to produce papers for these meetings.</p> <p>It was questioned whether some of the F&IC papers were only reviewed by this committee and not by others. DW advised that TEG and other forums do review the matters discussed at F&IC.</p>	
2.0	<p>Declarations of Members Interests There were no interests to be declared in relation to the agenda items.</p>	
3.0	<p>Minutes of the Last Meeting The Committee reviewed the minutes of the meeting held on 9 July 2013 and these were agreed as a true record.</p>	
4.0	<p>Action Log & Matters Arising The Action Log was reviewed and updated.</p> <p><u>Action 2012/44 Commercial Director</u> This is an update item on the agenda after which this will be closed.</p> <p><u>Action 2013/21 HART</u> This is an update item on the agenda. This action remains open.</p> <p><u>Action 2013/26 CIP Five Year Review</u> This is an item on the agenda following which the item will be closed.</p> <p><u>Action 2013/28 CIP Five Year Review</u> This is an item on the agenda. The Committee requested that for the next meeting, further detail is required on CIP reserve schemes and the ease with which these could be mobilised immediately, and if not, how long would others take to mobilise. This action remains open.</p> <p><u>Action 2013/53, 2013/54, 2013/55 and 2013/56 NHS 111 Tender Review</u> All these actions are to be covered in the 111 presentation agenda item following which the item will be closed.</p> <p><u>Action 2013/57 CIP Five Year Review</u> The action is now closed as it was presented at the May 2013 Private Trust Board meeting.</p>	

	Action
<p><u>Action 2013/59 PTS Change Management & Financials</u> This action is now closed as EB has spoken to Anne Allen regarding this being an agenda item at a Trust Board meeting</p> <p><u>Action 2013/60 PTS Change Management & Financials</u> This is an item on the agenda, following which the action will be closed.</p> <p><u>Action 2013/61 Service Line Management Implementation Progression</u> This is an item on the agenda, following which the action will be closed.</p> <p><u>Action 2013/62 Service Line Management Engagement</u> Discussion took place regarding fuller and robust engagement by HR.</p>	
<p>Further Action A meeting is to be scheduled with RB, Shelagh O’Leary, Graeme Jackson and Nick Cook to ensure that key leads are supported in this project</p>	RB
<p><u>Action 2013/63, 2013/64, 2013/65 & 2013/66</u> All these items are now closed.</p> <p><u>Action 2013/67 & 2013/68 ECP Review</u> No comments were received from this previously circulated paper and this is an item on the agenda following which this item will be closed.</p> <p><u>Action 2013/69 Review of Workplan</u> The review of the workplan has been deferred to the January 2014 meeting.</p> <p><u>Action 2013/70 Clinical Hub Triage</u> This action has been deferred to the November 2013 meeting.</p> <p><u>Action 2013/71 Service Transformation PTS</u> Workshops have been held in July 2013. Apologies for a paper not being circulated in August but this is an item on the agenda.</p> <p><u>Action 2013/72 Service Transformation 111</u> Apologies for the 111 Action Plan not being previously circulated but work was still taking place on this. This will be covered in the item on the agenda.</p> <p><u>Action 2013/73 Service Line Management Private & Events</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/74 LTFM/Downside Risks</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/75 Financial Risks/LTFM/Downside Risks</u></p>	

	Action
<p>This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/76 CQUIN Progress</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/77 ePRF Business Case</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/78 Capital Plan phased by quarter</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/79 Fleet related capital expenditure</u> As the tender has not yet closed this will be an agenda item at the November 2013 meeting.</p> <p><u>Action 2013/80 Capital Monitoring Terms of Reference</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/81 HART Update</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/82 HART</u> The wording on the cover sheet has been discussed with Mark Squires. This action is now closed.</p> <p><u>Action 2013/83 ECP Review</u> This is an item on the agenda and following which this item will be closed.</p> <p><u>Action 2013/84 Contracts Update</u> Contracts between £250k and £500k will be discussed between RB and EB at the pre-meeting to agree the Committee agenda.</p> <p><u>Action 2013/85 Uniform Contract</u> RB advised that the national uniforms contract is going to be re-let and this should be live this time next year. In the meantime RB stated that we should remain with the current supplier because if we chose another supplier we would have current stock remaining.</p>	
<p>5.0 Feedback from Board Meeting EB reported that the Trust Board were awaiting reports relating to the</p>	<p>RB</p>

	Action
<p>Cost Improvement Programme and PTS position.</p> <p>The F&IC Terms of Reference needs to reflect risk at point 8b.</p>	
<p>Action EB and RB to discuss and amend this point.</p>	EB/RB
<p>6.0 Cost Improvement Plan Current Quarter Detailed Position A paper was presented detailing CIP delivery for the period to 31 July 2013.</p> <p>The position at the end of July reports a shortfall of 185k. Within the shortfall, three of the top six schemes have slipped against the plan: are:</p> <ul style="list-style-type: none"> • Reducing A&E Overtime • PTS Transformation • Sickness Management <p>Reducing overtime is £25k behind plan but work is ongoing to identify schemes to plug the gap. Sickness management has not yet delivered any savings but some of the A&E reduction in overtime spend between 2012/13 and 2013/14 could be attributed to sickness reduction.</p> <p>EB questioned why this wasn't anticipated and was this double counting? AR advised that there was not any genuine double counting but it is difficult to tell whether this is due to better rota management or better sickness management.</p> <p>PD noted that there is a need to be clear how these figures are going to be measured. It was acknowledged that there is a need for better reporting and measurement processes against how these figures are released and realised. DW added that extensive work is being undertaken to review CIPs and provide the documentation to the standard that Monitor require. There was also some discrepancy of who was the lead for this particular CIP and going forward this needs to be clear going forward.</p> <p>AR advised that the reserve schemes are not yet on the tracker but once these have been written up into the new format Project Initiation Documents these will total £10.36m. These reserve schemes include:</p> <ul style="list-style-type: none"> • Reduction in unsocial hours payments for staff on sick leave as recently communicated to staff • Savings from the A&E rota review, including fuel savings on run-backs to base (£243k on fuel alone) • Remodelling vehicles leases (work ongoing) • Drugs and medical consumables (£100k) • Reduction in excess mileage payments (£89k) • Closure of Dean Clough Occupational Health facility (£12k) 	

	Action
<p>PD questioned whether unsocial hours payments are still paid when staff are on annual leave? MFD advised that if staff are due to be on holiday and are on sick leave then the unsocial hours payment is not included.</p> <p>PD asked whether within the new rota arrangements is it clear that unsocial hours payments will not be paid when staff are on annual leave? DW advised that Nick Cook has had dialogue with other HR directors and this is in the process of being agreed.</p>	
<p>Action The Committee requested a paper for the next meeting to provide a clear understanding of what action has been agreed and is in place with regard to unsocial hours payments.</p>	AR
<p>PD questioned whether the Trust had a recruitment scrutiny process. RB advised that part of the recruitment process is for each post, managers are asked what the consequences would be if the post is not recruited to. On the back of the August position we are gearing up to challenging budget holders at local level.</p> <p>EB confirmed that the F&IC should have sight of completed PIDs for comment.</p>	
<p>Action CIP priority schemes are to be circulated.</p> <p>Completed PIDs should be circulated when available.</p> <p>Mitigations, including those being worked up for PTS are to be included in the CIP update for the next meeting.</p>	AR AR AR
<p>MW questioned what the reason was for the vehicle accident reduction plan not delivering the projected savings? RB confirmed that everything had been achieved in terms of management of referrals to vehicle body care. However whilst driver education part has been completed this has not yet fed through into a corresponding reduction in accidents. At the last CIP meeting discussion took place regarding being more challenging with staff. The next steps would be that if a member of staff has three instances of accidents then this will be escalation for further action.</p>	
<p>6.1 Five Year Cost Improvement Plan Detailed Review The F&IC received an update on CIP governance and how the five year CIP plan will be monitored.</p> <p>AR circulated the five year tracker, reported that in the first three years the Trust have the reached required 25% reserve scheme cover but this has not yet been reached for outer years.</p> <p>AR explained that the reserve schemes in the first column on the</p>	

		Action
	<p>tracker and will be moved up to the CIP tracker when applicable. It was questioned why these had not yet been moved up already? AR explained that mobilisation has yet to be reviewed and the CIP meeting is the correct forum to look at the schemes moving off-track and the decision to be made to implement reserve schemes.</p> <p>AR advised that the Trust is holding workshops with staff throughout the service to bring through bright ideas to work up into CIP schemes.</p> <p>Benchmarking of costs was discussed. AR advised that two years ago the ambulance trusts used Deloitte. This year other ambulance trusts have used CIPFA and this information has been collated into a report and this will be shared at the next F&IC meeting.</p>	
	<p>Action However AR advised that there is some challenge to go back regarding completeness of the data.</p>	AR
	<p>The five year tracker, including CIP reserve schemes is to be circulated by e-mail.</p>	AR
	<p>It was agreed that for the next meeting, further detail is required on CIP reserve schemes and the ease with which these could be mobilised immediately, and if not, how long would others take to mobilise.</p>	AR
6.2	<p>Clinical Hub Triage This item has been deferred to the next meeting in November 2013.</p>	
7.0	<p>Service Transformation Update 111 (Including Action Plan & Funding Update)</p> <p>SP arrived at the meeting at 1615</p> <p>SP presented an update on the financial position and service optimisation programme for 111. The presentation highlighted a potential financial risk of £2.96m against plan due to ongoing uncertainties concerning precise levels of income for the current year, slippage in delivery of productivity improvements and additional TUPE costs. Meetings have been scheduled with Commissioners in September to resolve these issues and the outstanding capacity review for West Yorkshire Urgent Care.</p>	
	<p>Action As there appeared to be some discrepancy in the figures, the correct figures are to be re-circulated.</p>	SP
	<p>EB questioned whether annualised hours for 111 staff had been considered? SP advised that this has been a rota review already and there is a high level of flexibility within the system.</p>	

	Action
<p>MW advised that there needs to be an understanding if we kept the same level of staff and demand increased to 100%, what effect would this have on KPIs? RB advised that Clinical Advisers do not currently have enough capacity to meet warm transfer KPIs. DW added that others are changing the clinical model to make this work. SP advised that the model is fundamentally flawed and this is highlighted if other services are struggling with the same model. New tenders include enhanced Clinical Adviser levels and are being paid more per call for this service.</p> <p>EB questioned what would be the best case scenario to the 3m deficit? Sp advised that he anticipated shaving another £1m off this deficit. RB added that this would depend on how much additional monies we have to put into winter pressures.</p> <p>EB asked whether the Trust had insisted people take their annual leave? SP confirmed that annual leave had not been sanctioned during the difficult mobilisation period but now the Trust is now pushing leave to be taken before the winter period.</p> <p>SP added that some other things come into play with regard to this deficit, for example, the rota review of Clinical Advisers within the next two months which may include some turnover of staff; there is a large amount of full time staff from Local Care Direct so there is not too much flexibility here; various upgrades on pathways all of which need specific training for staff in this function. This is time intensive and must be done under the licence. All these challenges mean that the 111 service is not stable going into the Winter period.</p> <p>MW questioned that within the opportunity to come to a settlement with Commissioners, what does the Trust think our cost reduction profile is? The Trust should have gained a lot more experience that when the bid was written and should have a view of what else can be done to reduce costs. SP advised that more modelling work is being undertaken on different call lengths in terms of cost and we are expecting call lengths to reduce.</p> <p>PD spoke about TUPE and agency staff and questioned whether the Trust are looking at having our own bank of staff? SP advised that currently we have a mix of agency and internal staff which are used flexibly. We are also looking at a similar arrangement to that which NHSD use with a firm which recruits directly, they look after the staff and carry the recruitment and retention issues.</p> <p>SP added that Executives are meeting with Local Care Direct on Friday of this week and with Commissioners next week to discuss issues highlighted in the F&IC meeting today.</p> <p>DW left the meeting at 1448.</p>	

	Action
<p>Action At the next meeting, the F&IC are to receive an update of the 111 position including the £3m deficit, risks pertaining to this and legal advice sought.</p> <hr/> <p>EB thanked SP and RB for a helpful update on the severity of this issue and the action being taken going forward.</p> <p>SP left the meeting at 1451 MR & DR arrived at 1450</p>	SP/RB
<p>Service Transformation Update PTS (Including Re-structure)</p> <p>This item was reviewed at 1611 after the financial items</p> <p>MR asked whether vehicle running hours were analysed. RB replied only through the PTS CAD. Implementation of new rotas remains the main focus of the project team. Plans to recruit more voluntary drivers and porters are being developed as a CIP to mitigate slippage.</p> <p>On the back of the benchmarking work, we are going to go back and look at the control function as this looks as significantly high cost relative to other services and need a reconciliation of the £1m gap and how much is accounted for in the control function and Patient Receiving Centres. Positive feedback has been received from Huddersfield CCG to the bid for on day discharge services. York have also approached us about a discharge service. PD noted that if we enter into a contract we would need assurance for patient safety and therefore out of normal hours discharge risks need to be considered.</p> <p>A proposal is being discussed with Unison regarding taking meal breaks away from base and no runbacks are being quantified at the moment.</p> <p>Band 2 and Band 3 crews and using PTS as more of an urgent care tier eg bariatric service are in development. More schemes will be worked up throughout the year.</p> <p>Mark Phillips (MP), Financial Management and Alistair Gunn are undertaking a detailed piece of work at locality level to achieve local management accountability and this will be tied into rotas. MP comes from a commercial background and is looking at resources from the bottom up. This piece of work will ensure that changes will be very clear showing roles, vehicles and costings and should give us confidence that as we put the new rotas in place we have the right amount of resource to delivery activity.</p> <p>EB & PD noted their concern that F&IC had not yet seen a PTS structure and this is a vital piece of information. EB questioned whether there was anything that NEDs could do to affect this?</p>	

	Action
<p>RB advised that a draft PTS management re-structure has been postponed as this did not align to work previously undertaken by Unipart..</p> <p>BS questioned whether head hunting a person the Commercial sector would be beneficial to bring into PTS management? RB advised that he had interviewed Alan Baranowski (AB) for the role of Associate Director of PTS managing the Locality Managers and managing the resource function. He will be commencing his new role within the next two weeks and will carry out a diagnostic within the first month. Secondment opportunities for other staff to fill the gaps within the service are being explored. Julie Tyler, HR Partner, has been really helpful in her support for PTS.</p> <p>RB confirmed that there is a need for service line reporting for PTS because it is the way we will know where the re-alignment of resources needs to occur.</p>	
<p>Action For the next meeting it was requested that the PTS structure was presented together with a report to give a clear update on changes within PTS.</p>	RB/JH
<p>BS questioned whether PTS have their own locality boards as in A&E so that NEDs can attend and give their advice? RB advised that Service Management Boards had been implemented but possibly six months away from the setting up of Locality Boards.</p> <p>The F&IC noted the current position on PTS CIP delivery and acknowledged the further work going forward. An item will be included on the Trust Board agenda to cover the PTS restructure, service line management, CIP mitigations and quality impact of mitigations, training and the ability to recruit to hit the ground running.</p>	
<p>Action RB to speak to AA to schedule this PTS update into a future Board Development Meeting for discussion and to include the structure within PTS.</p>	RB
<p>EB added that it was helpful to know that things are progressing in terms of mitigation and encouraging that AB will be bringing in a step change.</p> <p>RB concluded that by the end of this financial year we should have a definitive view for the Trust Board to make a decision of whether PTS is a viable and sustainable business.</p> <p>CB arrived at the meeting at 1640.</p>	

		Action
<p>8.0</p> <p>8.1</p>	<p>Service Line Management Update & Implementation Plan Private & Events</p> <p>The Committee received a presentation from Mark Ruud, Head of Events, on the implementation of Service Line Management within Private & Events and how this had proved a driver for change by creating greater awareness of where costs are incurred and identified opportunities for improvement.</p> <p>The forecast outturn for Private & Events is a profit of £424k. Whilst some work is still required on utilisation there are lots of opportunities to increase income.</p> <p>MR advised that more input needs to be provided from support services, particular HR. EB questioned whether there would be value in outsourcing this function but MR advised that at the moment policies are interlinked so using the existing service at the moment would be better. However it would be beneficial if there was a dedicated person in HR to support Private & Events. RB advised that HR feel that they are offering the correct amount of support to SLM. MW commented that there should be more explicit of what support is required.</p> <p>It was noted that across the NHS all other organisations have the use of bank staff but this is not being progressed by HR due to issues around Agenda for Change. MR advised that this is very frustrating because such a set up could provide benefits for both Private & Events and other areas of the Trust such as A&E and 111.</p> <p>EB questioned whether there was a plan in place for next year. MR advised that there is an income based plan in place with transport and first aid providing further opportunities.</p> <p>The presentation was well received by the Committee and it was agreed that this could be used to engender support for SLM within other parts of the organisation.</p> <hr/> <p>Action</p> <p>These comments are to be escalated to TEG to pick up the issue around HR support and the ability to take bank staff forward. The Director of People & Engagement to come back to the next F&IC with an update of progress made in supporting Private & Events.</p> <hr/> <p>EB thanked MR for an excellent presentation and advised that she would take all these positive comments to the Trust Board.</p> <p>DR and MR left the meeting at 1518.</p>	<p></p> <p>DW/IB</p>
<p>9.0</p>	<p>Review of Changes to LTFM/Downside Risk</p> <p>RB presented a paper detailing recent changes to the LTFM, key assumptions and detailed bridge charts showing key movements in income and costs between 2012/2013 and 2018/2019. It was agreed that planned surpluses for future years would be reviewed within the</p>	<p></p>

	Action
<p>next iteration of the LTFM to establish whether there was scope to increase these to allow for additional resilience.</p> <p>This part of the meeting also included a discussion on key financial risks contained within the LTFM and their mitigations including A&E contract penalties, loss of PTS contracts, CIP shortfalls, IBP developments not being funded and the loss of the 111 contract.</p> <p>EB asked whether the Trust is going to implement other mitigations within this financial year and should more consideration be given to these mitigations? RB proceeded to go through the listing:</p> <ul style="list-style-type: none"> • Transport rates will move to the CIP programme in time but there will be a cost pressure if we go to Agenda for Change • ORH is being used for the estates work this year but going forward we would use the in-house process evolution software • Closing Magna and Europa – With the emphasis at the moment is to look for a commercially viable fleet operation, this could move to the CIP programme but not immediately. As the Trust implement the hub and spoke model, Magna could be moved to a Sheffield station • The mitigation for Air Ambulance Paramedics is contentious <p>MW added that more open discussions should be undertaken. RB advised that actions were being taken to engender more ownership and delivery of CIPs within the three operational functions. EB suggested that further discussion should take place at TEG. MW questioned whether we know what we could implement first from the mitigations listing. The risk being is that if we wait too long to implement these then these will not provide the desired impact. RB advised that the implementation of these mitigations would need to happen in October to affect the deficit.</p> <p>PD questioned how budget holders are challenged and held to account on non-delivery of CIPs? MFD advised that he didn't feel that this is a cultural issue and it needs ownership on a granular level right the way down as far as station level. EB asked whether he felt that locality directors have a handle and understanding of costs? RB acknowledged that breaking budgets down to a lower level will improve the understanding of the situation but there appears to be a reticence within middle management too to be aligned to a CIP or a budget.</p> <p>BS suggested that against each of the further mitigations should be a reason why these are not being implemented now.</p>	
<p>Action The Committee requested a paper be brought back to a future meeting detailing why proposed mitigations were not being implemented now as part of the Trust's CIP mitigation programme.</p>	RB
<p>RB advised that a visit has been scheduled for next week with NWAS</p>	

		Action
	<p>to flesh out more things that could be undertaken within the CIP programme.</p> <p>EB questioned whether the compound downsides and net impact position was post mitigation? RB confirmed that this was before mitigation and it is not every downside in every year.</p> <p>MFD left the meeting at 1544.</p>	
9.1	LTFM Deep Dive	
9.2	<p>Financial Risks (Including Budget Variances Action Plans) AR & RB presented a paper on the financial risks and budget variances to the end July 2013. It was noted that there had been key changes to the financial position in particular relating to 111 and the A&E operational plan.</p> <p>An updated position of 111 should be known by the end of September.</p> <p>MW questioned the summary of financial risks with regard to A&E contractual penalties and that existing overspend had not been covered. RB advised that this is built into the forecast. At Month 4 this overspend should be pulled back from other areas. There is an expectation that there will be a positive benefit after Christmas but this is not without risk of slippage.</p>	
	<p>Action It was agreed that risk analysis would be brought up to date with any emerging risks within the IPR for August 2013.</p> <p>The updated position of 111 will be circulated to enable F&IC to feedback any comments prior to the Audit Committee meeting in October</p>	<p>RB</p> <p>RB</p>
9.3	<p>Year to Date Financial Performance - IPR Finance Section EB questioned the risk narrative in the cash section with the figures contradicting in 3.1 and 5.1. The figure in 5.1 is incorrect and this will be amended.</p>	
	<p>Action The above figure in the risk narrative is to be corrected.</p>	RB
	<p>The Committee noted the report and accepted the information shown.</p> <p>The committee took a break at 1604.</p>	
10.0	<p>Capital Expenditure <u>2013/2014 Capital Budgets & Expenditure Profiles</u> RB presented this item providing an update on the 2013/14 capital budgets and outline the capital expenditure profiles.</p>	

	Action
<p>RB advised that F&IC that a proposal had been put forward to extend the current Springhill 2 Reception facility. This will mean that this will be extended over the current paved area and also go up two stories to include a further meeting room.</p> <p>The profiling in Appendix 2 is heavily influenced by HART and Fleet. However there is a timing issue as to when the tenders will go out and Fleet need to think about mitigated risks on these timing issues.</p> <p>The committee noted this report.</p>	
<p>10.1 Capital Expenditure <u>Major Capital Investment Appraisal Document Proforma</u> RB provided this update.</p> <p>The purchase of Springhill has been used as a test case for this new proforma and whilst there has been some challenge around the presentation of figures it was a useful exercise and hopefully people will find this a relatively straightforward document.</p> <hr/> <p>Approval The Committee were happy to note this report and approved the proforma.</p>	
<p>10.2 Capital Expenditure <u>Revised Capital Monitoring Group Terms of Reference</u> RB presented this item, reviewing the revised Terms of Reference for the Capital Monitoring Group.</p> <p>Following discussion it was noted:</p> <p>6.2 – this should read The Group will review the work of the Vehicle & Equipment Procurement Group. 8.1 – this paragraph should advise that any significant changes should be highlighted to the Trust Board.</p> <p>PD questioned the attendees of the group and whether the group would be non-functional without an appropriate deputy and would a deputy be able to make a decision in the absence of the Committee member? RB agreed that deputies should be accepted but at an agreed level. If an appropriate deputy could not be sent to the meeting then this should be postponed until the correct person was in attendance.</p> <p>MW questioned the quoracy of the group and the members listed as members or just in attendance. It was noted that the Technical Accountant should be a member. The attendees of the group need to be re-visited.</p> <hr/> <p>Action</p>	

	RB to make the amendments and then this document will go to SMG for agreement.	Action RB
11.0	Better Payment Practice Code Compliance This item was covered in Item 9.2. This is currently achieving 93%, aiming for 95% compliance.	
12.0	Treasury Management Policy This policy had been previously circulated for comments.	
	Action These comments would be collated and discussed at the next F&IC in November.	JW/ Agenda
13.0	<p>Commercial Strategy (Including update of appointment of Commercial Director)</p> <p>This item was debated at 1640.</p> <p>The latest version of this strategy had been previously circulated and therefore comments and questions were welcomed.</p> <p>Following discussion it was questioned or noted:</p> <ul style="list-style-type: none"> • PD asked whether this strategy will deliver what we require? • MW advised that there is nothing within the strategy which she would disagree with but wondered whether there was sufficient content in it to make true strategic decisions • EB questioned whether the document provided an overarching direction of travel and is this where the Trust need to be taken? DW advised that this is a directional document. • EB suggested that there needed to be more income generation because if the Trust do not grow within the commercial arena then we will not exist • EB added that whilst the Trust know where we want to be, pages 14 and 15 do not demonstrate this thinking. There is a large amount of operational narrative within the document and these are things that we should be undertaking already. There is a need to show intent even if milestones cannot be included • EB suggested that it was important that TEG review the updated strategy prior to this having further review by F&IC. • It was agreed that the vision is there but there needs to be a strategy in place to effect this. <p>RB advised that all these comments would be taken on board and these would be incorporated together with further headlines and links between A&E, PTS and P&E.</p>	
	Action & Recommendation TEG to review this document within the next month and circulate to F&IC for further comment. The F&IC will not be recommending this for onward approval to the Trust Board at this time.	TEG

		Action
	BS to speak to RB outside of the meeting regarding his comments about this strategy.	BS/RB
	DW left the meeting at 1655.	
14.1	<p>Major Business Case Update – HART DR and MS attended the meeting at 1706 to present an update of progress on the HART business case.</p> <p>EB confirmed that the recommendation of the front sheet needed to be amended as the F&IC are not to be asked to recommend approval but to note the progress:</p> <ul style="list-style-type: none"> • The production of the internal specification has slipped due to a large amount of engagement from the HART team but this should be available by the end of the week • The PQQ will also be completed by the end of the week • The external tender will be completed by early November and a report regarding the award of the contract will come to the next F&IC meeting • Internal refurbishment work will commence mid November and will be completed mid March • Co-location continues to be explored including visits to West Midlands and South East Coast ambulance services speaking to frontline staff, staffside, locality directors and sharing their experiences so that when we progress the co-location option all pitfalls have been explored • Risks were discussed and MS advised that with regard to the timeline the Trust need to ensure that we get the capital spend in this financial year as any risk of slippage will give a risk to the capital spend. 	RB
	<p>Action Emerging risk to be written if needed due to any slippage.</p>	
	<p>The F&IC noted the update.</p> <p>DR and MS left the meeting at 1714.</p>	
14.2	<p>Major Business Case Update – Emergency Care Solution Business Case Matt Watkins (MWa) arrived at the meeting at 1714.</p> <p>RB and MWa presented this latest iteration of the ePRF/ECS business case.</p> <p>This business case had been due to be reviewed at a previous TEG session but this had been cancelled. However this document has been circulated by e-mail, debated and challenged by the TEG group.</p>	

	Action
<p>Following discussion it was noted or questioned:</p> <ul style="list-style-type: none"> • EB advised that within Section 6 (ECS as a key integration component), whilst wide in context, this was very technical and was unsure if this was reflected in the strategy. RB drew the Committees attention to Appendix 2 detailing benefits realisation • MW noted that as a business case, the purpose of this should be as an investment worth making but this document did not appear to highlight these benefits • MW added that whilst there are benefits for the Commissioners and Turnaround Collaborative, there is no national evidence that this will affect RED performance. It should be highlighted in the risk that it does not make much difference from the paper based system • PD raised concerns regarding clinical governance and highlighted that there is an internal document advising of the risks of undertaking this project. There need to be further thought into what risks there are to us as a Trust if this system was implemented • PD questioned how this project would be audited and how this information would be fed back. • PD added that if this system is highlighted as being useful eg offering access to the patients NHS number which is required for PRF forms, this is a unique selling point • PD questioned what would be the lever if a receiving location did not wish to use this system? RB advised that in terms of leverage Commissioners can use turnaround penalties when it is in their interest to do so. • PD questioned, if we are serious about urgent care, how does this link with other pathways, falls teams or care homes? • MW questioned whether there is the option to stop providing hospitals with a paper based handover? • PD added that patient benefits should be further highlighted in the benefits section of the document with regard to the ability to ensure that PRFs are fully completed • EB questioned when this business case would be presented to the Trust Board? RB advised that this would be presented to the Commissioners Contract Board in October 2013 for comment and then to Trust Board. 	
<p>Action & Agreement The F&IC agreed that they were happy to recommend this for agreement at the Trust Board, subject to minor amendments to emphasise benefits for patients and Commissioners within the main body of the report.</p>	Trust Board Agenda
<p>MW left the meeting at 1728.</p>	
<p>14.3 Major Business Case Update – ECP Review/Urgent Care Bids Tasnim Ali (TA) arrived at the meeting at 1729</p>	

	Action
<p>CB gave a quick overview of the stage of the bid at the moment and advised that the business case presented to F&IC sets out the current model.</p> <p>There is currently a review taking place within the Mid Yorkshire region as part of a longer term service review by Commissioners. RB, CB and TA have been looking at a potential integrated ECP service model and business case to inform further commissioning discussions. This proposal was taken to TEG on 24 July and the Mid Yorkshire Urgent Care Board on 30 July. This proposal has previously been circulated to F&IC members for comment. A task and finish group has also been set up in Mid Yorkshire for them to review this.</p>	
<p>Declaration of Interest At this point PD declared a conflict of interest, as she is a board member at Locala.</p>	
<p>Following discussion it was noted or questioned:</p> <ul style="list-style-type: none"> • PD asked for clarification of what geographical border this covers and whether Locala have been involved in discussions and that this needs to be reflected in the business case, together with any other partners. CB advised that this would cover Wakefield and North Kirklees • TA added that in terms of the clinical services strategy we want a skill mix that will give us the lowest conveyance rates • EB questioned whether there would be paybacks in terms of clinical hub if we go up to planned levels? CB advised that this is the same model as South Yorkshire so it makes it a little more expensive • EB questioned why wouldn't the Trust just increase the amount of clinical triage? CB advised that these patients need face to face attention • EB asked whether figures required for this had been reviewed? CB confirmed that evidence base had been used • EB questioned whether there is a risk associated with this because the clinical triage has not hit the levels expected? CB advised that there has been a methodology about how this has been reviewed mapped across to the Sheffield model • EB highlighted that there is a conflict in terms of submissions. CB confirmed that this needs to be amending to 5.1 • PD asked whether this would be non-recurrent. CB advised that this would be but the Trust are awaiting confirmation that this would be fully recurrent if it proved successful • PD suggested that there would need to be an exit strategy. • PD added that clinical governance arrangements would need to be in place for patient safety and this is something that Commissioners would want to hear. An internal document is required in addition to a business case. • PD noted that this would also be a way of reducing the GP Out of Hours figures. 	

	Action
<p>CB explained that the urgent care bid was produced at short notice at the end of July when the Trust was advised that winter pressure monies were available. CB worked with TEG and the Transformation Programme Board in pulling together a mini business case before submission. Overheads and managements cost were factored into the bid. Where only 50% monies were given it was made very clear that we would have to strip down the service offered. Everything in the bid is very clear, including use of existing vehicles and estate.</p> <ul style="list-style-type: none"> • EB questioned where vehicles and estates were under-utilised, if this bid was not won then would these resources be disposed of? RB advised that this would not be the case as these formed part of the A&E response infrastructure • PD suggested that the Trust should write back to Commissioners and confirm exactly what they will receive for their money, ensure signed agreements are issued and also be very clear which bids and funding will be recurrent or non-recurrent • CB confirmed that the Trust is still awaiting confirmation for these bids. If nothing comes from some of these bids then at least this has opened up lines of communications with CCGs. Further discussions are taking place with other CCGs and strong links are being built. RB added that some CCGs are using this as a pilot for recurrent funding • EB questioned whether there are any other opportunities for the Trust? CB advised that we had not done anything bigger than this due to time constraints. However it was noted that bids are easy to pick up and transpose into the templates and new models 	
<p>Recommendation The F&IC noted the content of the report and recommend this updated bid to the Trust Board for review, mindful of the comments from the Committee today.</p>	
<p>TA left the meeting at 1753.</p>	
<p>15.0 Contracts Update CB presented a contracts update paper identifying the financial risks due to the decommissioning of South Yorkshire GP activity, 111 activity volumes and PTS activity shortfalls. The Trust is also pursuing a number of new business opportunities. An aggregate position on new urgent care business opportunities will be brought back to the Board once initial approval is known.</p> <p>CB added that through horizon scanning and benchmarking the Trust are gaining as much intelligence as possible in this area. It was also noted that a new Business Development Manager had been recruited for a fixed one year term and should be in post in three weeks' time. CB added that some good work was also coming through the intelligence register meetings and cross directorate working eg Private</p>	

		Action
	<p>& Events.</p> <p>The F&IC noted the update and looked forward to some momentum on this.</p> <p>CB left the meeting at 1757.</p>	
	<p>Action JW to circulate the reasons why some of the contracts have been deferred to future meetings.</p>	JW
15.1	<p>Contracts Update – The commissioning of a supplier to provide Gas equipment, heating and hot water services, safety inspections and installations and to seek approval for award of the contract</p> <p>The outcome of the tender was that British Gas had come out on top in terms of price and quality.</p> <p>Following the awarding of the tender to the preferred supplier, individual sites receiving this upgrade will be reviewed as part of the Estate strategy.</p>	
	<p>Action Detailed contract documentation is to be circulated to the F&IC together with assurance that this paperwork has been reviewed by our legal team. Pending agreement, this contract will go to the next Trust Board meeting for approval.</p>	RB
16.0	<p>Summary of Issues to Trust Board and Audit Committee</p> <p>EB advised that PTS requires a separate paper to be submitted to the Trust Board.</p> <p>Private & Events will be highlighted as a positive.</p> <p>EB thanked everyone for attending and participating in the meeting and apologies for the lateness of the finish.</p> <p>RB advised the F&IC that Commercial Director interviews will be scheduled for the second half of September, with four candidates being shortlisted for interview, one of whom is particularly strong.</p>	
<p>The meeting closed at 1805 hours.</p> <p>Date and Time of Next Meeting – Tuesday 12 November 2013, Boardroom, 1400-1700</p>		