

ITEM 16/0619

**BOARD COMMITTEE SUMMARY SHEET****NAME OF COMMITTEE: Delivery Committee****DATE OF COMMITTEE MEETING: 26 March 2019****KEY POINTS TO DRAW TO THE BOARD'S ATTENTION****PERFORMANCE DASHBOARD**

The Committee received the Performance Dashboard for the period to the end of February 2019. Of the 194 performance indicators, 91 were reportable in February with 84 being compliant and 7 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues and work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting performance.

**FINANCE UPDATE**

The month 11 forecast outturn was an £778k surplus and the Trust was forecast to exceed the financial plan for the year end, which would allow the Trust to achieve a bonus amount. A number of organisations were providing the Trust with income and the finance team were working to defer some of this additional funding where possible. The control total which was a surplus of £803k for the next financial year had been agreed.

Budget setting had been concluded and the Trust was demonstrating 97% savings delivered recurrently. A new criterion for bonus funds was noted which related to the delivery of recurring savings. Marcia Gallagher and Maria Bond commended the finance team for this achievement.

**OVERVIEW OF THE WORK ON TEMPORARY STAFFING**

The Committee received an update on the use of temporary staffing (agency) during 2018/19. The predicted forecast was for an agency spend slightly above the 2017/18 outturn, and above the 2018/19 control total. In order to mitigate the agency spend, particularly in the high agency spend areas of Medics, IAPT, and Nursing, a number of actions were underway and planned.

The Committee was assured that the Guaranteed Volume Contract for RMNs had started on 19<sup>th</sup> November 2018 and was providing a 90/95% fill rate. The Committee noted that there had been unexpected complications with filling positions at the rates of pay that were originally offered by the agency as these were found to be lower than other agencies and therefore increased payments to Medics had been agreed to ensure the sustainability of the contract. The Trust found that by raising the fees slightly this had attracted more staff. The Committee was assured that the correct process had been followed in appointing Medics.

Agency spend for IAPT remained high due to access targets and recruitment issues, despite spend exceeding 2017/18 figures. The Committee was assured that through the implementation of a master vendor contract with Sugarmans, in addition to successful recruitment and retention initiatives, agency costs were being contained. The Committee noted that the Trust continued to use high levels of agency locum medics, qualified nurses, and agency IAPT workers and the current predicted forecast for agency was above the control total.

## HR INDICATORS REPORT

The Delivery Committee was updated on quarter 3 performance against the Trust's workforce key performance indicators (KPI). Statutory and mandatory training compliance stood at 89% for the quarter, the Committee was assured that the Trust was expected to hit the 90% compliance target by the end of Quarter 4. Appraisal compliance stood at 86%, however it was anticipated that this would be addressed under new staffing contracts when these were linked to pay progression. This would affect new staff in this financial year and then remaining staff the following year. An improvement in sickness absences which had placed the Trust in the top third for Mental Health trusts was noted.

Statutory and Mandatory training stood at 91%, excluding staff bank; measures were being discussed to help assist bank staff to access relevant training. The Committee noted that the number of mandatory training topics had increased in 2017/18 which caused difficulty for services aiming to maintain their levels of training compliance. Work on whole day training sessions and a harmonisation review / alignment with GCS was taking place and consideration was being given to whether some of the annual mandatory training topics could be extended to every 2-3 years.

## STAFF SURVEY

The Staff Survey for 2018 was received. Maria led a robust discussion around why response rates for the survey had dropped from 45% to 40.5% and whether there was any link to the current period of transition. The Committee noted however the Trust had scored better in 8 areas and was the highest for 2 across all mental health Trusts in England. An area that was consistently improving was Staff Engagement.

## COMMITTEE TERMS OF REFERENCE

The Committee's terms of reference were reviewed and the Committee noted that the terms of reference currently identified three members, and required all three to be present in order for a meeting to be quorate. The Committee agreed to reduce the quorum to 2 members (comprising at least 1 NED and 1 Executive).

## OTHER ITEMS

- The Committee received the Locality exception reports from the Herefordshire and CYPS / CAMHS Localities
- The Committee received a report which updated it on the IAPT Service Improvement Plan and CQUIN Implementation

## ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.

**SUMMARY PREPARED BY: Maria Bond**

**ROLE: Committee Chair**

**DATE: 17 May 2019**

**ITEM 16/0619**

## BOARD COMMITTEE SUMMARY SHEET

**NAME OF COMMITTEE: Delivery Committee**

**DATE OF COMMITTEE MEETING: 24 April 2019**

### KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

#### PERFORMANCE DASHBOARD

The Committee received the Performance Dashboard for the period to the end of March 2019. Of the 194 performance indicators, 118 were reportable in March with 100 being compliant and 18 non-compliant at the end of the reporting period. Where performance was not compliant, Service Directors were taking the lead to address issues and work was ongoing in accordance with agreed Service Delivery Improvement Plans to address the underlying issues affecting performance.

#### FINANCE UPDATE

The Trust had an end of year surplus of £894k which was an overachievement of £60k. Due to the Trust hitting the end of year target, it was awarded an additional £150k in financial incentive support funding and an extra £1.464m for performance sustainability funds. The Trust ended the financial year with a £3.662m surplus. Agency spend stood at £4.5m for the year, an increase of £0.4 on the previous financial year, however this was below the £5.4m spend in 2016/17. Agency spend was split between £1.8m for Medical and approximately £1.2m for Nursing. The Trust had delivered a final cash position of £6.2m in savings versus the £2.45m target; this was due to lower than expected capital spend and additional funds being received.

For 2019/20, the Trust had a similar control total of £803k surplus target and would need to deliver £2.4m in recurring savings and hit the agency control total. The Trust was rated as a 1 in the NHSI Oversight Framework which was the lowest rating and allowed for full autonomy. This rating was a full Trust metric and not only financially based.

#### HR POLICIES AND PROCEDURES

The Committee received a report which set out the policies and procedures that had been reviewed and agreed by JNCC in July and November 2018. The Committee noted the ratified policies and procedures which included, Sickness Absence Policy, Secondment Policy, Study Policy, Dress Code Policy, Unfitness to Practice Policy, Relationships and Professional Boundaries Policy and the Recruitment and Selection Policy.

The paper also included a schedule for policies that were being reviewed jointly by 2g and GCS through JNCF and a new joint policy group. The Management of Change Policy was one such joint policy which had been approved by JNCF and was now in use was the

The Committee noted that Governors had asked for assurance at a recent meeting that the best of each Trust's policies would be used when developing and reviewing joint Trust policies. Sue Heafield was agreed to ensure this was the practice and that it would be communicated well to the Trust.

#### EMERGENCY PLANNING ANNUAL REPORT AND PLAN

The Committee received the Emergency Planning Annual Report. This covered the structures, systems

and activities that were in operation across the Trust to ensure <sup>2</sup> continued compliance with; Civil Contingencies Act (2004), NHS Emergency Preparedness, Resilience and Response Core Standards, NHS Standard Contract and other relevant standards and guidance. The Committee noted that only limited assurances could be provided on the ability of the Trust to adapt and respond to incidences of disruption that could impact on the provision of critical services; however it was noted that Operational EPRR Training did not have an assurance rating in 2017/18 as the training was only added in January 2018.

The Committee noted that the Security Resilience Board had been inquorate on a number of occasions over the last year and had only met once in 12 months. There was a need to improve engagement for operational service and to improve attendance. John Hudson was to meet with service directors and work on how to re-engage and improved attendance so that it was an effective forum.

Maria Bond raised concerns around the assurance given noting that the SRB had only met once. It was reported that assurance was also provided through other avenues such as independent audits which demonstrated a higher level of assurance. Given a number of concerns Maria asked for a further report to be brought to the September meeting of the Delivery Committee. This was agreed.

## **FSS – KPI DELIVERY**

The Committee received a Shared Services KPI report covering Q4. Payroll KPIs showed an overpayment of £5,681.87 for this period. The Head of Shared Services reported that there was no specific pattern found. The Committee noted that the leaver's checklist was now electronic; however, as there were still issues around line managers submitting the form on time, it was agreed that a reminder would be sent out.

The Automation of Purchase Orders KPI was discussed, this was given a red RAG rating as the Trust recorded a baseline of 18.4% against the required 80% of purchases to be from an e-catalogue. The Chair asked why catering was not purchasable on an e-catalogue and the Head of Shared Services reported that the e-catalogue system could only be used for the purchase of goods and not services. The Chair asked whether the Carter Target of 80% was unrealistic given these limitations. The Head of Shared Services agreed and advised that the Carter Metrics had recently been reworked for Mental Health and Community services and would be reviewed and updated.

## **ANALYSIS AND RISKS ARISING FROM RETROSPECTIVE ORDERS**

The Committee received a report for the period April to December 2018, this detailed the purchase orders created after the date the invoice was received. The total value of retrospective orders for this period was £451,195.24 from 215 invoices, of these the ten highest valued invoices totalled £189,830.22 and were assessed against risk categories: there were no high or medium risks found (the report excluded temporary agency staff as agreed).

The Head of Shared Services reported that there were a number of reasons that that retrospective orders were placed. The Chair was dissatisfied with the lack of monitoring from the service given the risks and it was agreed that a monthly report on call-off orders, including what actions were being taken as a service would be provided; this would be built into 2019/20 SLR.

## **IRIS SERVICE UPDATE**

The Committee received an update on the current issues with IRIS development including staffing and governance. Key stakeholders had been invited to a second CCG commissioner led IRIS workshop, at which the CYPS presented a draft IRIS Operational Model. The IRIS Operational Project Group had agreed that a development and sustainability plan regarding high quality foster carers and education provision was key to the future success of IRIS provision.

The key priorities were noted, these included:

- Progress the interim residential proposal whilst work commences to provide in house residential provision.
- Provide the necessary support to commissioners as they look to develop further foster

placements including therapeutic foster placements.

- Progress recruitment to the Consultant Psychiatry post.
- Continue further discussions with key partners to review the current criteria for IRIS, considering the wider Sufficiency Strategy, the GCC improvement journey and NHSE funding.

The CYPS Service Director was part of the residential proposals working group looking at Trevone House, it was anticipated that this facility would help prevent admissions to Wotton Lawn and the Committee noted that a paper had been submitted to the Gloucestershire County Council Cabinet for approval. It was agreed that a further update would be provided at the next meeting following the third key stakeholders workshop event.

## **OUT OF COUNTY LENGTHS OF STAY UPDATE REPORT**

The Committee received an update on Out of Area placements for Countywide services following an initial report in February. At the time of the initial report there were 5 Psychiatric Intensive Care placements and 4 acute Mental Health placements; however, it was reported that following focused work by the Quality Improvement Group and Bed Management Team, there were no Out of Area placements for both groups. The report included a list of key tasks from the Bed Management, Quality, Service, Improvement and Redesign (QSIR) project.

The Committee discussed forecasting of empty beds. It was noted that while the services did forecast when beds would become empty, work was needed to apply more concrete methodologies.

## **OTHER ITEMS**

- The Committee received the Locality exception reports from the Gloucestershire and Countywide Localities and the Gloucestershire Localities Overview Report

## **ACTIONS REQUIRED BY THE BOARD**

The Board is asked to note the content of this report.

**SUMMARY PREPARED BY: Maria Bond**

**ROLE: Committee Chair**

**DATE: 17 May 2019**