

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Transformation Assurance Committee Assurance Report to Board
<b>Date of meeting:</b>	26 January 2016
<b>Status:</b>	For Discussion
<b>Chairperson:</b>	Mr Tim Staniland/ Non-Executive Director
<b>Author:</b>	Kevin Turner – Deputy Chief Executive

<b>Purpose</b>	This report summarises the assurances received, approvals and decisions made by the Transformation Assurance Committee.
<b>Background</b>	This assurance committee meets monthly and takes scheduled reports from all Trust operational committees with a transformation brief according to an established work programme.
<b>Business undertaken</b>	<p>1. Board Assurance Framework</p> <p>The committee reviewed the BAF and refreshed the risk ratings associated with the Clinical Strategy and LHAC due to further delays.</p> <p>A delay in the Clinical strategy by two months was noted with agreement by the board in April but also the apparent further delay in consultation on LHAC so the risk rating was increased accordingly.</p> <p>The committee asked for a more detailed review of the risk of the ‘inter dependencies of work programmes’ so that the committee can undertake a more detailed review of the risks associated with it in particular emphasis on the impact of that risk.</p>
	<p>2. Clinical Strategy</p> <p>This was discussed and due to its reported delay this was escalated under the BAF.</p>
	<p>3. Work stream Mapping</p> <p>This was considered, in broad terms, an approach to risk management going forward and the real value of mapping objectives, risks and assurance mechanisms. The Executive team is currently in the process of reviewing risk management arrangements and this thinking will be factored into this review. In any event it was agreed that mapping risks to assurance mechanisms would be complete by May 2016</p>
	<p>4. Specialised Rehabilitation Business Case</p> <p>There has been a short delay associated with the Specialised</p>

	<p>Commissioners wanting to approve the Business Case and this may add a further four to six weeks delay in implementing this programme, although the committee questioned the role of Specialised Commissioners in business case approval.</p> <p><b>5. Integrated Digital Care Strategy</b></p> <p>Digital Dictation - The committee noted an immediate risk with Digital Dictation due to the current Capital Funding restrictions for 16 /1 7 which has meant that the programme is not currently funded although will be considered for further funding in light of the 'Invest to Save' approach being taken linked to the transformation funding nationally.</p> <p>Theatre System - There is risk associated with the replacement of the theatre system but on a positive note clinical leadership is now in place for the Theatre replacement project. Timescales are very tight to the date for which the current theatre system becomes obsolete and therefore there are some risks associated with this both financially and or operationally. It was felt however that these risks could be potentially mitigated.</p> <p>Clinical Observations &amp; Charting – This project has slipped by six weeks, mainly due to the delay in finalising the contractual arrangements with NL&amp;G and the delay in NL&amp;G developing the E-Obs App which is now being tested and looking positive. Subject to finalising the testing, roll out is due by 29<sup>th</sup> March commencing at Pilgrim Hospital with one ward per fortnight being phased in.</p> <p>Maternity IT System – Not yet funded for 16 / 17 but could be linked with some possible revenue benefits and may be considered for some transformational funding for 16 /1 7.</p>
<b>Risks to refer to risk register</b>	The further delay in the LHAC process and the impact of this on clinical and financial sustainability.
<b>Key decisions taken</b>	To complete assurance mapping in May, in light of the finalised Annual Business plan.
<b>Issues to escalate to Board</b>	Further delays in LHAC; the delay in implementing the expanded Specialist Rehab service; capital funding constraints to elements of the Digital Care Strategy.
<b>Challenges and exceptions</b>	Nothing to note which affects the continuing ability of the meeting to carry out its duties.
<b>Future exceptional items</b>	No further requests for exceptional items were made.

**Attendance date: 26 January 2016**

*Voting members:*        *Tim Staniland (Chair), Non-Executive Director*  
                                  *Paul Grassby, Non-Executive Director*  
                                  *Gill Ponder, Non-Executive Director*  
                                  *Kevin Turner, Deputy Chief Executive*

*Non-voting members:*   *Karen Sleigh, Head of Strategy*

*In attendance;*            *Anita Cooper – Clinical Lead for Therapies and Rehabilitation Medicine*  
                                  *Michael Humber – Associate Director of ICT*  
                                  *Kate Casburn - Minutes*