

Report to:	Trust Board
Title of report:	Finance, Service Improvement and Delivery Committee Assurance Report to Board
Date of meeting:	26 April 2016
Status:	For Discussion
Chairperson:	Tim Staniland/ Non Executive Director
Author:	Mrs Jayne Warner/Trust Secretary

Purpose	This report summarises the assurances received, approvals and decisions made by the Finance, Service improvement and Delivery Committee (FSID).
Background	This assurance committee meets monthly and takes scheduled reports from all Trust operational committees with a finance, estates and performance brief according to an established work programme.
	<p>Clinical Strategy Implementation</p> <p>The Committee was advised of progress to date relating to the development of the clinical strategy.</p> <p>The Committee asked for assurance that Equality impact assessments were in place for the strategy. It was confirmed these are being completed by LHAC for this process.</p> <p>The Committee was asked if the Trust had understanding of why commissioners send work elsewhere. Why they don't recommend ULHT to their patients. The Assistant Director of Strategy and Change advised that she was leading a workstream looking at repatriation. The Chief Executive advised that a reputational assessment survey was being carried out by the Communications Team.</p> <p>The Medical Director advised that the SOC is consistent with the guidelines. The Board would consider at its May meeting. The Committee would receive a further update next month.</p>
	<p>Annual Planning Assurance</p> <p>The Assistant Director of Strategy and Change advised that the annual plan had been submitted on 18 April within required timescales. The Annual Planning Steering Group was now developing into a strategic group which would take forward monitoring delivery of the plan and link to the STP. Terms of Reference will be shared once considered. Will include all planning cycles not just annual plan. Include STP, MTP and Annual Plan.</p>

	<p>Plans were in place to start annual planning earlier in 2016/17. The Trust was working to produce a Medium Term Plan by end of May.</p>
	<p>Finance Performance Report</p> <p>Month 12 End of year position The Trust was reporting that it did not deliver its control deficit of £40.3m. The adjusted forecast deficit for the year had been amended to £56.9m which included the fact that there was no further reinvestment of fines and penalties.</p> <p>The Trust was reporting that it had met the EFL and CRL.</p> <p>This position was as had been reported in the draft annual accounts which were now subject to external audit. The account had been completed and submitted on time.</p> <p>The Committee challenged whether the reinvestment of fines and penalties which had been assumed in the plan had been a reasonable assumption. Partly based on discussions. It was flagged with DH and TDA as a risk. Some had been reinvested. Been invested in schemes with other providers. The question was asked whether we should assume these penalties would not be reinvested this year. The Committee was advised that this was linked to the STF as well this year. Need to deliver the performance trajectories or will not be able to access the funding.</p>
	<p>Budget Setting 2016/17</p> <p>The Committee was advised that a financial plan had been submitted as per national timetable in April. Based on the financial framework presented to TB in April.</p> <p>The Committee sought assurance that the 2016/17 efficiency programmes were properly established as it was recognised that this had not been identified early enough during 2015/16. The Director of Finance confirmed that 150 individual schemes had been identified. These were now being subjected to a second confirm and challenge process. Governance arrangements were also being strengthened. Clinical Directors were being asked to complete a PID for each scheme. Plans milestones etc would feed into monthly reporting.</p> <p>Latest position of the programme is £18.2m - continuing to look for the remainder to meet the £19m in plan.</p> <p>Efficiency plans include areas raised in the Carter review. A stock take of this position would be submitted to May meeting.</p> <p>The Committee would receive final budget next month. Broken down against monthly run rate to allow the Committee to seek assurance on meeting targets.</p>

Loan Conditions Assurance
<p>The Committee considered the response to the latest actions against the loan conditions required by 29 April to NHS Improvement. Increased likelihood of intervention if conditions not met.</p>
Sustainability and Transformation Plan Assurance
<p>The template for the STP had now been received and would be completed by county lead. LHAC was a part of STP. All strategies need to feed in to the plans. Internal work aligned.</p>
<p>Draft for STP by end of May. The Committee noted the risk of the case for Women and Childrens services not aligning from LHAC.</p>
<p>The Committee asked what the risks were if the community fail to produce this. Not able to access STP money.</p>
<p>The Committee asked for updates monthly, then progress on implementation. The Committee was not sufficiently assured that resources were in place to deliver.</p>
Capital Programme/ IPB assurance
<p>2016/17 capital programme had been discussed at the Clinical Executive Committee. Possible options for use of residual capital were electronic prescribing, MRI scanner as outsourcing at moment. May be able to access Charitable funds. Request to expand ophthalmology op dept at Pilgrim.</p>
<p>The Committee was advised that the plan was predicated on the successful completion of the sale of land at Welland Hospital.</p>
<p>The Committee would receive a schedule of spend and benefits realised at each meeting going forward.</p>
Operational Performance Report
<p>A&E 80.22% for March 2016. Below the standard. Attendance elevated during March at all sites compared to last year. Also increase in admissions but not at same level. 84 escalation beds open. Pressure on pathway.</p>
<p>System struggled to move patients out of hospital.</p>
<p>Focus on Non Admitted pathway. Support from ECIPs. Stranded patients to be reviewed on weekly basis.</p>
<p>Submitted trajectories. Paper to Trust Board.</p>
<p>The Committee questioned what was driving the increase in A&E patients. Have analysed by cases and GPs. General increase across patch.</p>

	<p>18 week RTT was currently at 92.24% and had been achieved for 8 months.</p> <p>RTT trajectory. Submitted to achieve 92.4% for year 2016/17. Risk April /May due to fire at Grantham Hospital and strike action.</p> <p>4 out of 9 cancer targets were met in February. Work continued to recover the position.</p> <p>Still working with CCGs to show sustained improvement.</p> <p>The Committee was advised that the March forecast was that the 14 day breast standard would not be achieved.</p> <p>The Committee asked for assurance at the next meeting on the improvement plans and trajectory.</p>
	<p>Board Assurance Framework (BAF)</p> <p>The Committee noted that the revised BAF for 2016/17 objectives was being developed and would be shared with the committee at the meeting in May.</p>
Risks to refer to risk register	None
Key decisions taken	
Issues to escalate to Board	The fact that Estates Committee has not met and the risk this creates for the Committee in terms of receiving assurance on the progress with an Estates Strategy.
Challenges and exceptions	
Future exceptional items	

Attendance date

Voting members

*Tim Staniland, Non Executive Director (Chair)
Mark Brassington, Chief Operating Officer
Jason Burn, Interim Director of Finance
Penny Owston, Non Executive Director
Gill Ponder Non Executive Director
Kevin Turner, Deputy Chief Executive*

Non Voting members

*Jan Sobieraj, Chief Executive
Suneil Kapadia, Medical Director*

In attendance

Neil Morton, Interim Deputy Director of Finance

Julie Pipes, Associate Director of Strategy and Change

Jayne Warner, Trust Secretary

Ian Hayden, Assistant Director of Facilities

Nicola Hollins TDA (observing)

Ian Hall TDA (observing)