

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Finance, Service Improvement and Delivery Committee Assurance Report to Board
<b>Date of meeting:</b>	29 March 2016
<b>Status:</b>	For Discussion
<b>Chairperson:</b>	Tim Staniland/ Non Executive Director
<b>Author:</b>	Mrs Jayne Warner/Trust Secretary

<b>Purpose</b>	This report summarises the assurances received, approvals and decisions made by the Finance, Service improvement and Delivery Committee (FSID).
<b>Background</b>	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><b>Clinical Strategy / Annual Planning Process</b></p> <p>The Committee was provided with a position statement for the annual plan. The Trust had received initial feedback from the TDA and this would be updated for the version of the plan being submitted for sign off at Trust Board in April. Final submission date was 11 April.</p> <p>The Committee noted that there had been delays in commencing the programme of work and this was being addressed in plans for next year.</p> <p>The Committee was advised that the clinical strategy had been considered at length by the Board at its last development session. The strategy would be considered in private at the April Trust board meeting and the outline business case would be taken to the May Public Trust Board.</p> <p>The Committee was advised that a draft STP would be presented to the April FSID meeting.</p> <p>The Committee would receive upward reports from both the Clinical Strategy Implementation Group and the Annual Planning Steering Group.</p> <p><b>Transformation Programmes</b></p> <p>The Committee was informed of the progress being made to produce a database which could hold information on all transformation projects and all programmes linked to clinical strategy/ annual plan/ capital programme. This database would enable the committee to review and seek assurance on those projects where adequate progress was not being reported.</p>

	<p>It was agreed that a further update would be provided at the next meeting as the work developed.</p>
	<p><b>Operational Performance Report</b></p> <p>The Trust did not achieve the 4 hour waiting time target in A&amp;E in February. The Committee noted the actions being taken and the issues with workforce and bed capacity. The Committee was alerted to the risk that a number of winter schemes in place would cease at 31 March which would increase the pressure.</p> <p>18 week RTT was currently at 93.14% and had been achieved for 7 months.</p> <p>Cancelled operations treated within 28 days continued to be an issue for the Trust. There had been a spike in performance during January linked to norovirus and winter pressures.</p> <p>4 out of 9 cancer targets were met in January. Work continued to recover the position.</p> <p>The Committee was advised that performance trajectories were being agreed for the key standards. The Committee would receive these at the next meeting along with the recovery actions being taken where the standards were not being met.</p>
	<p><b>Finance Performance Report</b></p> <p>The Trust was reporting that it would not deliver its control deficit of £40.3m. The adjusted forecast deficit for the year has been amended to £56.9m which included the fact that there was to be no further reinvestment of fines and penalties. The Trust had been advised that there would be no further approval of capital to revenue transfers.</p> <p>The Trust was reporting that it would meet the EFL and CRL.</p> <p>The Committee discussed the factors which had led to the adverse variance to plan - the opening of escalation beds above capacity assumptions, the premium cost of agency staff, slippage on CIP programmes, loss of elective capacity and CCG fines and penalties.</p> <p>The Trust continued to manage the agreed control totals through the integrated performance reviews and was working on ensuring that the remaining capital schemes were being pushed to conclusion.</p>
	<p><b>Operational Plan/ Budget Setting</b></p> <p>The Committee was advised that, following the Board's acceptance of the £16.1m from the sustainability and transformation fund linked to a control deficit of £47.9m for 2016/17, a financial framework had been constructed which achieved the control deficit total. The framework was</p>

	<p>the basis for the operational plan submission.</p> <p>The Committee was advised that the risk relating to the construction of the framework was that the Trust had yet to agree a contract with the CCGs and therefore the framework was only based on Trust capacity models.</p> <p>The plan included an efficiency programme of £17m against a target of £19m. The Clinical Executive Committee had been asked to submit additional programmes and these were currently being assessed.</p> <p><b>Capital Programme</b></p> <p>The Committee received a report on the capital programme. The capital funding available for 2016/17 was £19.792m.</p> <p>The Trust had pre committed £5.831m in schemes from 2015/16. Replacement medical equipment based on risk assessment amounted to £5.390m. Priority ICT schemes determined by the digital strategy amounted to £3.597m and back log maintenance based on risk was valued at £3.293m. This left a residual balance for annual planning priorities.</p> <p>The Clinical Executive Committee had agreed the Programme. The Committee would receive an update at the next meeting.</p> <p><b>Board Assurance Framework (BAF)</b></p> <p>The BAF risks related to the Committee had been updated and reviewed No further assurances were sought by the Committee further than those highlighted during discussions of the agenda items.</p>
<b>Risks to refer to risk register</b>	None
<b>Key decisions taken</b>	
<b>Issues to escalate to Board</b>	<p>The Trust was reporting that it would not deliver its control deficit of £40.3m. The adjusted forecast deficit for the year has been amended to £56.9m.</p> <p>Continued failure to achieve A&amp;E standard and the risk associated with removal of winter schemes in March.</p> <p>The result of the end of year settlement negotiations. The risk around operational plans constructed without agreement of a 2016/17 contract.</p>
<b>Challenges and exceptions</b>	
<b>Future exceptional items</b>	

**Attendance date**

**Voting members**

*Tim Staniland, Non Executive Director (Chair)*

*Mark Brassington, Chief Operating Officer*

*Jason Burn, Interim Director of Finance*

*Gill Ponder Non Executive Director*

**Non Voting members**

*Jan Sobieraj, Chief Executive*

**In attendance**

*Neil Morton, Interim Deputy Director of Finance*

*Julie Pipes, Associate Director of Strategy and Change*

*Jayne Warner, Trust Secretary*