United Lincolnshire Hospitals NHS Trust

Report to:	Trust Board
Title of report:	Finance, Service Improvement and Delivery Committee Assurance Report
	to Board
Date of meeting:	30 August 2016
Status:	For Discussion
Chairperson:	Tim Staniland, Non Executive Director
Author:	Jane Ablewhite, Personal Assistant

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.
	Strategic Risk Register and Board Assurance Framework (BAF)
	The Committee received an update on the position of the current risks captured on the DATIX risk registration system, the current risks captured for the Corporate Risk Register, assurance on the process of refreshing the Trust's risk management processes and the Integrated Strategic Risk Register and BAF.
	The risks on the Corporate Risk Register relating to FSID's assurance work would be reviewed and calibrated against current best practice in the Trust, along with a more detailed mitigating action plan for further review in September 2016. At this stage there were no corporate risks to escalate to the Board.
	The Committee also considered the Integrated Strategic Risk Register and those risks relating to the Committee were identified. The Committee agreed it was appropriate that the strategic risk "Failure to maintain operational performance" had been re-graded to 16 to reflect recent deterioration in performance.
	Finance Performance Report
	Month 4 position
	The Committee was advised of the Month 4 financial position of £4.5m deficit, leading to a year to date deficit position of £16.9m which was £0.2m adverse to the planned year to date deficit of £16.7m.
	The Trust was at risk of under-achieving £470k of the £16.1m

Sustainability and Transformation Fund.

The reported position to date highlighted key risks to the delivery of the financial plan, the Trust's underachievement of efficiency savings (particularly in business units) and the current shortfall (and likely future continuing trends) on income growth.

The Committee expressed concern at the increased risk of delivery of the financial plan. It was noted that recovery plans were in place and regular updates would be provided the Committee.

Operational Performance Report

The Committee reviewed the integrated performance report.

The RTT standard for July had not been achieved. General Surgery and Orthopaedics continued to be particularly challenged specialties and it was also noted that performance within Cardiology, respiratory medicine and gastroenterology had all deteriorated as a result of consultant vacancies. Actions were in place to achieve the target in August.

The Trust did not achieve the 6 week diagnostic standard for July – 98.92% which was a marginal failure. The level of breaches within Echocardiography was the most significant cause of the Trust's overall failure of this standard.

The Committee noted that the Trust did not meet the trajectory for A&E for July – 78.56% against the target of 84%.

The Trust achieved 4 of the 9 cancer standards in June. Performance against the 62 day classic standard for June was 68.9%. The main issues were noted as workforce availability, delays with diagnostic testing both within the Trust and for tests requested from outside of the Trust and the introduction of the new EMRAD PACS system. The expectation was that there would be a further deterioration on 2 week waits in July. It was anticipated that the Trust would be achieving the 31 day and 2 week waits standards by September.

The Committee expressed its concern at the poor performance against the standards for June and July and the failure to deliver the RTT and diagnostic standards.

Estates Committee Assurance Report

The Committee received a summary of the assurances received, approval and decision made by the Estates Environment and Infrastructure Committee (EEIC).

It was noted that the directorate was £300k underspent.

The Committee noted that 54.10% of statutory Planned Preventive



	Maintenance (PPM) and 34.33% of other PPM was completed in the month of May 2016. The Committee expressed its concern that the Trust was forecast to fail to deliver 100% of PPM by year end and at the significant risk and potential implications associated with this. Further detail would be provided to the Committee on the prioritisation of planned maintenance and assurance would be provided that the process was being managed appropriately.
Risks to refer to risk	No additional risks highlighted.
register	
Key decisions taken	
Issues to escalate to	Increased risk of delivery of the financial plan.
Board	
	Poor performance against constitutional standards for June and July and
	failure to achieve RTT and 6 week diagnostic standards.
	54.10% of statutory Planned Preventive Maintenance (PPM) completed to
	date. Risk of failure to deliver 100% of PPM by year end and significant
	risks/potential implications associated with this
Challenges and	
exceptions	
Future exceptional	
items	

Attendance

Voting members

John Barber, Interim Director of Finance
Paul Boocock, Director of Estates and Facilities
Mark Brassington, Chief Operating Officer
Dr Paul Grassby, Non Executive Director
Gill Ponder, Non Executive Director
Dr Gurdip Samra, Associate Medical Director (attending for Medical Director)
Tim Staniland, Non Executive Director (Chair)
Kevin Turner, Deputy Chief Executive

Non Voting members

Jan Sobieraj, Chief Executive

In attendance

Louise Ludgrove, Interim Director of Human Resources and Organisational Development Julie Pipes, Associate Director of Strategy and Change