

Report to:	Trust Board
Title of report:	Finance Service Improvement and Delivery Committee Assurance Report to Board
Date of meeting:	30 May 2017
Chairperson:	Gill Ponder Non Executive Director
Author:	Jayne Warner Trust Secretary

Purpose	<p>This report summarises the assurances received and key decisions made by the Finance, Service Improvement and Delivery Committee (FSID). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board’s response. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</p>
Assurances received by the Committee	<p>Lack of Assurance in respect of SO 3.3.3 Issue: Threat of enforcement notice from Lincolnshire Fire and Rescue and ability of Trust to address requirements within timeframes and available funds. Mitigation in place: Action plans in place to address existing concerns raised in relation to fire safety. The enforcement notice may formalise actions previously agreed, but could also contain additional, unplanned requirements which have not been included in current plans or budgets. Actions requested by the Committee: Committee sought further assurances and escalated to the Board to advise the Board of the possible need to revisit the financial plan if the enforcement notice contains significant new requirements.</p>
	<p>Lack of assurance in respect of SO 3.3.2 Issue: Failure to agree 17/18 contract position with CCG Mitigation in place: Revert to the use of the national contract. Actions requested by the Committee: Consideration by the Board of the Board’s appetite for risk within the continuing contract negotiation process. Would a less favourable agreement be better than continuing uncertainty?</p>
	<p>Lack of assurance in respect of SO 5.5.2 Issue: Failure to meet the constitutional Standards for RTT, Cancer and A&E Mitigation in place: Letter to CCG suspending routine referrals for seven specialties to allow waiting lists to be addressed. Actions requested by the Committee: Further consideration at Board to determine whether the Trust gives primary focus to urgent care to deliver a step change intervention at the expense of other standards and financial duties and the relative balance of priorities.</p>

	<p>Assurance received in respect of SO 3.3.1 Issue: 2021 Programme Committee received assurance that 2021 programme board was established and meeting. Five key programmes confirmed and key projects were in place with emphasis on quality and safety. Recruitment to change team underway.</p>
Issues where assurance remains outstanding for escalation to the Board	<p>Lack of assurance in relation to: Trust Financial Position Actions already requested by the Committee: The Committee considered the year to date deficit which was £4.2m adrift from plan. The Committee were advised that £2.2m was linked to an error in phasing and should resolve at the end of the quarter. £1.2m related to loss of STF money. £800k was an overspend against budget. The Committee were not assured that the Trust could resolve the variance and requested a financial recovery plan to be brought to the June FSID meeting prior to presentation to Trust Board in July.</p>
Committee Review of corporate risk register	<p>Decision made on new corporate risks escalated to Committee.</p> <p>The Committee agreed that risk 3878 flexible ureteroscopy should be added to the corporate risk register. Risk score 20.</p> <p>Decision made on proposed risks for removal from the corporate risk register</p> <p>The Committee agreed that risk 3832 Dietetic service to meet paediatric best practice tariff could be removed from the corporate risk register.</p>
Matters identified which Committee recommend are escalated to SRR/BAF	<p>No further matters to escalate.</p>
Committee position on assurance of strategic risk areas that align to committee	<p>Further assurances had been sought in respect of SO3.3.3 Failure to maintain premises in line with statutory legal duties SO 3.3.2 Failure to maintain effective partnerships SO 5.5.2 Failure to maintain operational performance</p> <p>The Committee were not assured in respect of SO6 Failure to achieve financial sustainability</p>
Areas identified to visit in dept walk rounds	<p>None identified.</p>

Attendance Summary for rolling 12 month period

Voting Members	M	J	J	A	S	O	N	D	J	F	M	A
Gill Ponder Non Exec Director	X											
Paul Grassby Non Exec Director	X											
Sarah Dunnett Non Exec Director	A											
Deputy Chief Executive	X											
Director of Finance and Corporate Affairs	X											
Chief Operating Officer	X											
Director of Estates and Facilities	D											
Medical Director	A											

X in attendance A apologies given D deputy attended