

Report to:	Trust Board
Title of report:	Finance Service Improvement and Delivery Committee Assurance Report
	to Board
Date of meeting:	26 September 2017
Chairperson:	Gill Ponder Non Executive Director
Author:	Jayne Warner Trust Secretary

Purpose	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.
Assurances received by the Committee	Lack of assurance in respect of SO 6.6.1 Issue: Financial Performance Source of Assurance: The Committee received the month 5 financial position. The Committee noted a failure to make an impact on the reduction of medical agency spend. The Trust had submitted a workforce plan to NHSI but demand was not reducing. Actions requested by the Committee: The committee requested a trajectory of the reductions. The Committee requested that the matter was escalated for a full Board discussion to consider how the Board could be assured.
	Lack of assurance in respect of SO 6.6.1 Issue: Financial position Source of assurance: The committee received the month 5 financial position which included an adverse variance to plan of £0.9m related to non achievement of CQUINS. Actions requested by the Committee: A detailed report which demonstrated evidence of delivery against the CQUIN with explicit detail of investment required to achieve.
	Lack of assurance in respect of SO 6.6.1 Issue: Failure to reduce non pay expenditure Actions requested by the Committee: The Committee asked for more information to understand the drivers for non pay expenditure. Questioned whether the increase was activity based.
	Assurance in respect of SO 3.3.1 Issue: Digital Strategy and return on investment Actions: Consider how demonstrate technology as costs savings and potential return on investments as part of longer term recovery plan.

corporate risk register	Decision made on new corporate risks escalated to Committee. There were no new risks for the committee to consider.
Committee Review of	Committee reviewed revised terms of reference and recommended for approval by Trust Board. ToR now aligned to SRR/BAF and work plan. Desirion made on now corporate risks assalated to Committee.
	Committee escalated FSM undertakings to full Board for discussion. Assurance that Board can deliver.
Board	Lack of assurance in relation to: Financial recovery
Issues where assurance remains outstanding for escalation to the	Lack of assurance in relation to: Financial Stability and Recovery Committee could not be assured on reduction of medical agency spend and requested escalation for a full board discussion.
	Streaming commencing October. Actions requested by Committee: Committee requested trajectory recovery against winter plans.
	Mitigation in place: Recovery plan in place. Additional investment for doctors. Operational meetings being attended by executive directors. Community winter plan presented to Trust Board. Primary Care
	Lack of assurance in respect of SO 5.5.2 Issue: Failure to deliver Urgent Care performance.
	Mitigation in place: Considering options to improve service delivery. Working with wider system. Actions requested by Committee: Committee requested trajectory recovery plan. Acknowledged RTT not identified as one of top 5 priorities for Trust.
	Lack of assurance in respect of SO 5.5.2 Issue: Failure to deliver RTT performance. Recovery by November considered high risk
	ahead of submission to secure remaining work. CQC made aware of potential consequence of loss to capital programme.
	Lack of assurance in respect of SO 3.3.1 Issue: Capital to deliver fire enforcement actions Mitigation in place: Capital programme on hold. Actions: Further case being considered by financial turnaround group
	Lack of assurance in respect of SO 6.6.1 Issue: Lack of confidence to deliver financial recovery plan. Financial special measures. Monthly efficiency position not in line with plan. Mitigation in place: Governance process in place to support financial turnaround. Resources in programme hub. External support engaged. Actions requested by Committee. Assurance that Board could meet requirements of FSM undertakings. Board would be engaged at two sessions during October in constructing the financial recovery plan for submission to NHSI. Detail from FSM undertakings to be escalated to Trust Board.
	The Committee were assured on the strategy but requested further actions in respect of the benefits realisation from schemes.

	Decision made on proposed risks for removal from the corporate risk register.
	The Committee agreed the closure of risks 3724, 3691 and 3540.
	The Committee conducted a deep dive review on 5 long term risks featured on the corporate risk register (311, 361, 1186, 2345, 2457). In respect of risk 311 Poor Quality Health Records the committee requested further assurance in the form of an update on where the Trust was in meeting the trajectory to merge and improve the quality of health records stated in the business case.
	The Committee requested a report on themes identified from the corporate risks so that it could identify and deep dive the top issues raised.
Matters identified	Updates made to the SRR/BAF following the deep dive on SO 3.3.1 and
which Committee	SO 6.6.1. were noted by the Committee.
recommend are	The committee recognised that target risk scores had been added to the
escalated to SRR/BAF	SRR/ BAF and agreed that these should be reviewed by the committee as
	part of the deep dive process.
	The Committee requested a deep dive of SO3.3.2 at its next meeting.
	The Committee were assured that the SRR/BAF was reflective of the key
	risks in respect of the strategic objectives of the organisation.
Committee position on	Further assurances had been sought in respect of
assurance of strategic	SO 3.3.1Service Delivery Failure
risk areas that align to	SO 6.6.1Failure to achieve financial sustainability
committee	SO 5.5.2 Failure to maintain operational performance
	The Committee were not assured in respect of
	SO6.6.1 Failure to achieve financial sustainability
	SO 5.5.2 Failure to maintain operational performance
Areas identified to visit	No specific areas identified during meeting.
in dept walk rounds	

Attendance Summary for rolling 12 month period

Voting Members		J	J	Α	S	0	Ν	D	J	F	М	Α
Gill Ponder Non Exec Director	Х	Χ	Χ	Χ	Χ							
Paul Grassby Non Exec Director		Α	Α									
Geoff Hayward Non Exec Director			Χ	Χ	Α							
Chris Gibson Non Exec Director					Χ							

Deputy Chief Executive	Х	Χ	Χ	Χ	Χ				
Director of Finance and Corporate Affairs		Х	Х	Χ	Α				
Chief Operating Officer	Х	D	Χ	Χ	Α				
Director of Estates and Facilities	D	Χ	Χ	Χ	Х				
Medical Director	Α	Χ	Χ	Χ	Х				

X in attendance A apologies given D deputy attended