

<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>	25 July 2017
<b>Chairperson:</b>	Gill Ponder Non Executive Director
<b>Author:</b>	Jayne Warner Trust Secretary

<b>Purpose</b>	<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>
<b>Assurances received by the Committee</b>	<p>Assurance in respect of SO 3.3.1 Issue: 2021 Programme Source of Assurance: The Committee were provided with an overview report for the supporting programmes of work for 2021 Actions requested by the Committee: The Committee noted the two project areas which were showing A/R and noted that these were both being monitored by Quality Governance Committee</p>
	<p>Lack of assurance in respect of SO 3.3.3 Issue: Fire Safety – Tenders have been issued for fire work but capital resource remains an issue. Capital committed runs out in September. Actions requested by the Committee: A letter from the Trust to NHSI to advise when the Trust internal capital resource will be used and work will be halted. Work to determine if no additional capital obtained when the Trust will cease to meet the timeframes set out in the compliance notices. Escalation to Board of continued risks. Committee requested Board report for August meeting.</p>
	<p>Lack of assurance in respect of SO 3.3.3 Issue: Consequence for other capital projects of fire safety work Actions requested by the Committee: Further review of implications of holding capital programme including CQC actions and quality and safety programme.</p>
	<p>Lack of assurance in respect of SO 5.5.2 Issue: Lack of confidence to deliver improvements to A&amp;E performance. The following constraints were highlighted. Primary care streaming, workforce expansion and estate and resus requiring business case. In the absence of sufficient capital for fire enforcement notice compliance, there was a risk that it may not be possible to allocate the capital required for this programme. Actions: The Committee acknowledged the work on the business case was</p>

	<p>moving forward and asked for a further update at the next meeting. Without delivery of successful business case remain unassured.</p>
	<p>Assurance in respect of SO 5.5.2 Issue: RTT and Cancer performance Ahead of recovery trajectory for RTT. Seeking support for further referrals. On track to deliver 62 day cancer by September. Will reach national average but backlog not reducing at appropriate rate.</p>
	<p>Lack of assurance in respect of SO 6.6.1 Issue: Lack of delivery of financial position and financial efficiency plans and lack of confidence to recover. Financial special measures Mitigation in place: Trust subject to further increased performance monitoring by regulators. Additional support being brought in to organisation. Financial Turnaround support. NHSI supportive of initial action plan provided. Actions requested by Committee: Changes to be made to improve financial performance at pace. Actions taken to bring in external partner to commence work on financial turnaround. Further identification of areas Trust can stop.</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>Lack of assurance in relation to: Fire enforcement notices. Committee identified actions but were keen to highlight to Board the continued risk if further capital was not secured. No timeline for when decision will come from NHSI /DH.</p> <p>Lack of assurance in relation to: Financial position Committee asked for Board support to contract with third party for financial turnaround support. May require contract authorisation outside of Board meeting by CEO/ Chair.</p>
<p><b>Committee Review of corporate risk register</b></p>	<p><b>Decision made on new corporate risks escalated to Committee.</b></p> <p>The Committee agreed that risk 3895 op master trolley should be added to the corporate risk register. Risk score 15.</p> <p>The Committee did not agree that risk 3901 Patient Fridge should be added to the corporate risk register. Risk score 15. Further investigative action requested by committee.</p> <p><b>Decision made on proposed risks for removal from the corporate risk register</b></p> <p>Risk 3858 and 3181 were agreed for removal from risk register.</p>
<p><b>Matters identified which Committee recommend are escalated to SRR/BAF</b></p>	<p>The Committee contemplated the need to consider patient safety culture as part of the SRR/BAF and suggested that a discussion was held at the Board Development session.</p> <p>Updates made to the SRR/BAF were noted and a further request was made for review by Exec Directors for those areas still outstanding.</p>

<p><b>Committee position on assurance of strategic risk areas that align to committee</b></p>	<p>Further assurances had been sought in respect of            SO 3.3.1 Failure to deliver change/ transformation            SO3.3.3 Failure to maintain premises in line with statutory legal duties            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> <p>The Committee agreed to complete a deep dive in to SO 3.3.1 Failure to deliver change/ transformation at the August meeting.</p>
<p><b>Areas identified to visit in dept walk rounds</b></p>	<p>No specific areas identified during meeting.</p>

**Attendance Summary for rolling 12 month period**

<b>Voting Members</b>	M	J	J	A	S	O	N	D	J	F	M	A
Gill Ponder Non Exec Director	X	X	X									
Paul Grassby Non Exec Director	X	A	A									
Geoff Hayward Non Exec Director			X									
Deputy Chief Executive	X	X	X									
Director of Finance and Corporate Affairs	X	X	X									
Chief Operating Officer	X	D	X									
Director of Estates and Facilities	D	X	X									
Medical Director	A	X	X									

X in attendance A apologies given D deputy attended