

BOARD MEETING

30 June 2016

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	9
Presented For:	Assurance

EXECUTIVE SUMMARY:

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in April 2016.

RELATED RISK(S):

None.

FINANCIAL IMPLICATION:

There are no financial implications arising from the content of this paper.

Revenue Capital

RECOMMENDATIONS:

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.

LEGAL IMPLICATIONS:

None.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee	<input checked="" type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input checked="" type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Group	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance Reports from Committee Chairs

Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in May 2016. The following items are highlighted for information.

Quality and Safety Committee meeting, 17 June

The committee received comprehensive annual reports as follows:

- Emergency Preparedness
- Risk Management
- Clinical Audit
- Safeguarding (Adults & Children)
- Medicines Management
- Infection Prevention

Each of these reports provided the committee with an account of the significant progress made during 2015/16 and provided positive assurances in terms of meeting relevant standards and requirements. There were a number of issues raised for further discussion and assurance as follows:

Risk Management Report; the issue of risk registers which don't have risks identified was discussed; further assurance work will be progressed through the Deputy Director's meeting including ensuring clear audit trails for decision making.

Clinical Audit Report; the challenge of ensuring that action plans are developed and implemented as a result of audits was discussed; the committee received some assurance that the revised terms of reference for the Clinical Audit Steering Group would improve the process and the audit team were advised to escalate any issues to the relevant Deputy Director.

Safeguarding Adults & Children; the breadth and complexity of the safeguarding agenda was noted by the committee, in particular the challenges in relation to 'missing' children and the Prevent agenda.

The QSC also received the quarterly report on the Board Walkabout process which included progress against actions; it was agreed that a visit to the staff bank would be undertaken in August 2016.

Assurance report from FBIC held on 20 June 2016

Dashboard, and the Trust's financial position

The committee noted the current financial position of the Trust, which shows a deficit of £215k against the planned surplus of £220k at month 2. Board will recall that we entered the financial year with much reduced reserves and with an increased surplus target. There was some assurance to be found in the evident intensity of attention to the position at executive level. The current focus is on ensuring that planned savings, particularly the management of reported risks and relating to efficiency savings expected to stem in the second half of the year from the Agile programme, are deliverable, prepared for and fully realised and actions implemented to contain Estates costs

There remains a risk of failing to maintain the minimum FSRR requirement of NHS Improvement of a score of 3. The position at month 2 has headroom of just £25k. We were assured that contingency plans for further actions to recover the outturn position, if necessary, were being prepared but noted particular concerns about the uncertain eligibility criteria for the STF funding linked to achievement of the revised control total.

ITC

We were assured that the closure of the ITC was being managed well. The current indications are that the call against contingency reserves for the year will be much reduced (£335k lower) due to later than anticipated discharges. We were pleased to note that all those staff who sought redeployment were expected to be accommodated appropriately.

NHS Improvement reporting schedule

This has been brought forward to the point at which the committee had concerns that the speed of reporting was in danger of undermining the robustness of the information and analysis achievable. It was agreed that the Director of Finance would write to express our concerns.

We also noted a consequential change in governance arrangements: the returns will now be signed-off at executive level, with FBIC concentrating on consequential issues and the Board Governance statements.

Attention to support services and efficiency

We considered the outcome of a review of available benchmarking statistics over a range of central services. These show the trust in a respectable position, but also suggest that significant savings were obtainable if we are able to reach upper quartile averages; noting some of these are already factored into the Trust's forward financial plans

This was the first part of a two stage deep dive and work programme for 2016/17. The next stage is to stand back from the statistical information and review emergent alternative delivery models in leading-edge health and care economies.

We agreed to alternate the approach to future FBIC agendas, to use those nearest to NHS Improvement quarterly returns to concentrate on progress assurance, whilst

allowing more time for exploring new business approaches at other meetings.

Other issues

We noted the continuing intensity of work on bid opportunities in neighbouring areas.

We assured ourselves over the progression of the change programme, and paid particular attention to the Agile strand. This continues to progress well. EMT had begun the process of reviewing the longer term challenges and opportunities. We noted the need to take this work further, perhaps widening it out to encompass other opportunities for application of digital technologies to health and care provision and building on a recent Management Time Out.

We noted that clustering levels, although much improved on previous years, continue to be below the 90% target. We were encouraged by the new arrangements for operational leadership of this strand of work as a means to embed performance management and secure clinical engagement and looked forward to seeing a further step forward in subsequent returns.

We were assured by a detailed report on the Flood Reinstatement work. We felt that this had been well managed, and noted that issues apparent from a recent walkabout had been, or were being, addressed. We noted that the capital plan contained provision for costs that were beyond the likely final insurance payment, and assured ourselves that these costs were in themselves worthwhile. We noted that further flood incidents were almost certain given the location of New Mill, but that the planned works would reduce our likely level of damage, and increase our speed of recovery.

We noted that overage receipts from the Moor Lane disposal were expected to achieve better than the £700k planned receipts, with up to £60k additional revenue this summer and noted possible interest in developing an adjacent property which had potential to secure further medium term revenue receipts.