

## FINANCE AND PERFORMANCE COMMITTEE – 30<sup>th</sup> March 2021

### HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in 'Strength of Assurance' column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR/Risk Reference
Matters Arising	NA	Covid Focus continues	NA
Action log (Paper B)	NA	Agreed by the committee	NA
Director of Finance, Business and Estates Update (Verbal)	NA	20/21 year-end financial work was on schedule. The Finance and Operational Plan details the arrangements for 21/22. As a result of Covid both are more complex. 21/22 is being planned nationally into what are being called H1 & H2 periods.	10,11, 44, 54
Director of Strategy and Business Development Update (Verbal) including IAPT Tender lessons learned paper (Paper C)	High	The IAPT tender lessons learnt paper was received and reviewed. Good lessons had been learnt from the tender process both for LPT and for the CCG's. Key learning areas identified included Procurement within the context of an ICS and specific areas covering the contract processes. Joint and shared actions had been developed and agreed.	all
Financial Report – Month 11 (Paper D)	Medium	A projected breakeven position for 20/21 was reported, a positive variance against the month 7 plan of a £1.4m deficit outturn. The Trusts run rate has increased month on month, this increase in run rate will be taken into 21/22. Increased Agency spend to support patient services, unplanned income allocations and budget slippage at short notice are key drivers of this position. The cash, BPPC are all on target. Our flexible approach to capital planning has resulted	44, 48, 54

Report	Assurance level*		Committee escalation	ORR/Risk Reference
			in an adjusted program and maintaining our planned levels of investment in patient and staff services.	
Directorate Reports – Month 11 (Paper E)	Medium		Directorates continue to see increases in agency spend as part of the planned response to covid. This is managed within overall funding envelopes.	44, 48, 54
Operation Plan (Paper F)	H	M	Financial guidance for H1 has been received and the capital plan is due on 12th April 2021. The H1 April – October 2021 plan will be submitted on 6th May 2021 along with the full year mental health plan and the community response plan (Ageing Well). The final System operational plan will be submitted on 3rd June 2021. There are 6 main priorities in the planning guidance for next year’s plan and we will work collaboratively across the LLR system to deliver these. These priorities will be mapped against the SUTG priorities. The committee supported the working assumptions for the H1 draft plans; approved the draft capital plan in principle, subject to confirmation of the detail capital plans; approved the Q1 budgets for 21/22 and supported an updated paper going to Trust Board on 27th April 2021. The committee received split assurance from this paper – high assurance for the processes being adopted and medium assurance as a result of the key areas and risks recognised and highlighted at this point.	10, 11, 44, 48, 54
Facilities Management Transformation Business Case (Paper G)	H	M	The full version on the proposed business case was circulated to committee members. The committee suggested that further detail on the 15% contingency detail be added prior to this case going to Trust Board on 27th April. The committee received split assurance from this paper – high assurance for the process and planning and medium assurance around the financial assumptions due to the limited information available.	10, 11
Business Pipeline (Paper H)	High		Work continues to be ongoing around new partnership ways of working both at local and regional levels. Highlighted in the Children and Young Person’s Keyworker Bid – with Barnardos and the local authority. It noted that renewal of key contracts were scheduled in 22/23 and asked for regular updates.	all
Estates and Facilities Management Update (Paper I)	Medium		The flexible response to revising and implementing the capital expenditure plan with a focus on patient and staff services was welcomed. Medium assurance was received due to ongoing performance concerns around FM services.	10, 11
Performance	M	L	SystemOne migration and team resourcing	35

Report	Assurance level*		Committee escalation	ORR/Risk Reference
Report (Paper Ji)			issues have now been mostly resolved Commissioner reporting will re-start as planned in April. Data quality checks have highlighted some issues which are being resolved. The Performance Report Workshop was held on 11th March 2021 to review and agree KPI's for 21/22 for implementation from April 21. Work continues with business managers on their metrics. It was agreed to review assurance in this area to ensure FPC have confidence that directors/service areas agree with and own these metrics. Areas of underperformance were highlighted and the need for recovery plans to be developed. The Committee agreed a split assurance – amber for the process and red for performance due to the level of performance in certain KPI's and the need to establish updated recovery plans	
Waiting Times and Harm Review Report (Paper K)	M	L	Performance in key services for access and waiting times continues to deteriorate against the agreed November 20 recovery trajectories due to Covid. Each directorate has a process for monitoring harm and audits have been conducted across the 3 directorates. Further work on this is ongoing to understand and evaluate outcomes. A further report on this matter is being presented to the March Trust Board meeting. An updated approach to recovery of key performance targets will come to May's meeting. The committee agreed a split assurance amber for the process and red for performance levels.	28, 44
ORR (Paper L)	High		FPC requested that risks 10, 20, 28 and 54 are reviewed prior to the Trust Board on 27 <sup>th</sup> April to ensure that the risk scores are current and detail reflects today's discussions.	all
Internal Audits Reports (Paper M)	High		A good level of assurance was received in the 3 key areas audited as part of Covid assurance. Accounts Receivable – Significant Procurement in covid – limited and covid costs – advisory only. There were 13 recommendations 6 of which were medium risks and 7 low. An update on actions will be given at May FPC.	all
Governance Architecture (Paper N)	High		The committee approved the 21/22 FPC work plan within the proposed new Governance policy. It was noted and recognised that some items will go straight to Trust Board and level 2 committees will be considering any impact for them.	all
Adult Eating Disorders Lead Provider Governance Arrangements	High		The committee received the TOR and noted the role FPC will play in bringing assurance to the Trust Board in this new contract arrangement.	all

<b>Report</b>	<b>Assurance level*</b>	<b>Committee escalation</b>	<b>ORR/Risk Reference</b>
(Paper O)			
Estates and Medical Equipment Committee Highlight Report 17 <sup>th</sup> March 2021 (Verbal)	High	No issues to escalate.	10, 11
IM&T Committee Highlight Report 12 <sup>th</sup> March 2021 (Paper P)	High	No issues to escalate.	35
Data Privacy Committee Highlight Report 11 <sup>th</sup> February 2021 (Paper Q)	High	No issues to escalate.	35
Capital Management Committee Highlight Report (Paper R)	High	No issues to escalate.	44, 54
Strategic Waiting Time and Harm Review Committee 26 <sup>th</sup> March 2021 Highlight Report (Verbal)	High	No issues to escalate.	44
Any Other Urgent Business Approval of Spirit Healthcare Contract Extension (Paper S) -	High	The Committee recognised the patient benefit from this Service introduced during Covid. It supported a request for Trust Board approval in April for the 12 month extension to the contract.	all

Chair	<b>Geoff Rowbotham, Non-Executive Director</b>
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