

Sandwell and West Birmingham NHS Trust

Board Committee Chair's Report

Meeting:	Finance Investments and Performance Committee
Chair:	Mike Hoare
Date:	25 th March 2022
Present:	<p>Members: Mike Hoare Non-Executive Director (Chair), Mick Lavery Non-Executive Director, Dinah McLannahan Chief Finance Officer, Rachel Hardy Non-Executive Director, Liam Kennedy Chief Operating Officer</p> <p>In Attendance: Dave Baker, Director of Partnerships and Innovation, Paul Stanaway Assoc. Director of Finance, Simon Sheppard Director of Operational Finance</p>

Key points of discussion		
1.	<p>Month 11 Finance Report, incl Forecast Outturn</p> <p>Chair's opinion: The committee covered the progress on addressing a number of variables that would have influenced the final year end position. Most if not all of these have been addressed and the committee is more assured that the year-end forecast is on target. However, there are still some significant system level issues that means we are at an underlying deficit position.</p> <p>Further work with the clinical groups is required in order to address the deficit and in addition support the senior leadership in addressing the wider corporate actions. The committee would like to see a plan on how the trust is going to get to a balanced financial position.</p>	<div style="border: 1px solid black; background-color: #008000; color: white; padding: 5px; width: fit-content; margin: auto;"> Good Assurance </div>
2.	<p>MMUH Financial Update (Construction)</p> <p>Chair's opinion: The committee discussed the latest position and associated updated from February's committee. In December the committee reported a gap of circa £2.2m. The gap has now been closed as a consequence of confirming the actions previously discussed in the February committee. There is also an allocation of £1.73m to cover off any further potential risks and good oversight can be seen on the controls associated to these risks.</p>	<div style="border: 1px solid black; background-color: #008000; color: white; padding: 5px; width: fit-content; margin: auto;"> Good Assurance </div>
3.	<p>Delivering MMUH Business Case – Committee Focus</p> <p>Chair's opinion: The committee discussed at length the business case and the current affordability assessment. There is still significant work required to provide the links from the original business case to the current position taking into consideration the implications of COVID19.</p>	<div style="border: 1px solid black; background-color: #ffff00; color: black; padding: 5px; width: fit-content; margin: auto;"> Partial Assurance </div>

	The committee needs to understand the following, What are the key changes and what are the key decisions that need to be made or have been to get back to a balanced position?	
4.	Planning 2223 incl BVQC Chair's opinion: The committee reviewed the papers and discussed the triangulation of the Planned Activity, Workforce and Capacity as well as the associated funding. Further work on the workforce planning is required to ensure that the associated workforce are available given the current recruitment challenges across the region and nationally. In addition to this to committee would like to see further detail on the ability to get back to per pandemic run rates in order to achieve the desired activity levels.	Partial Assurance
5.	Board Assurance Framework: Approval pre-Board sign-off Chair's opinion: The committee discussed the consolidation of existing risks and also the structure of the framework when compared to the trust's strategy of people, patients, population. The committee felt assured that the draft presented so far is aligned and more work is required to implement and ensure the controls are active and in place.	Good Assurance
6. 6	Planned Care Chair's opinion: The committee discussed the progress on addressing the backlog and waiting times. Significant progress is being made, however the trust is still struggling to get back to the levels prior to the pandemic. It was noted that the trust is not achieving the national target of 25% virtual appointments. This is a clinical decision that the trust has taken in order to address the high priority cases and these inherently require more face to face consultations.	Good Assurance
7. 7	EAS Performance Update Chair's opinion: The Committee discussed the deterioration on EAS performance in Feb and the challenges that were faced. It was noted that there is a distinct difference in the two main ED locations in both demand and overall performance. The committee noted that 10 different standards are currently going through approval in Parliament and the committee will be kept informed about the potential implementation date of these changes.	Partial Assurance
8.	Drug Expenditure Chair's opinion: - Report was not discussed and is being brought to the April meeting	N/A
9.	Board Level Metrics and Accountabilities Report Chair's opinion: The papers were discussed, and the exec team took the committee through the key figures and the controls either been putting in place or activity to address the metrics which are causing concern e.g.	Partial Assurance

	late cancellations. The committee also discussed if we can link the actions taken to the improvements seen in the metrics, so the board feel that appropriate control is in place.	
Positive highlights of note		
<ul style="list-style-type: none"> • The financial performance and securing the additional funding. • Progress on EAS. 		
Matters of concern or key risks to escalate to the Board		
<ul style="list-style-type: none"> • MMUH business case development and assurance. 		
Matters presented for information or noting:		
<ul style="list-style-type: none"> • 		
Decisions made:		
<ul style="list-style-type: none"> • Ceiling of MMUH affordability set as per the paper to be reviewed at Board meeting in April. 		
Actions agreed:		
<ul style="list-style-type: none"> • Ensure MMUH reporting going forward is separated clearly in to construction, costs of delay and operational affordability 		

Assurance classification

	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>