

CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Interim Assurance Committee DATE OF MEETING ISSUE RAISED:			29 April 2020	
CHAIR:		Carole Taylor-Brown, Non-Executive Director	LEAD EXECUTIVE DIRECTOR:		Nick Hulme, Chief Executive	
Agenda Item No.	DETAILS OF ISSUE:			FOR APPROVAL / ESCALATION / ALERT / ASSURANCE / INFORMATION?	Board Response	
1.	covid19 – Non Medical W relation to the organisation with nursing resources in te of staff. Training and consis feel supported if redeployed nurses, outside of business ward settings. This training members. Changes in the w of training programmes at p	Information				
2.	 Clinical Governance Activity – The committee members were updated on the clinical governance activity changes to the service delivery and statutory requirements during the covid19 pandemic response. These included: Friends & Family Test; collection and submission requirements ceased from 30 March 2020; ESNEFT initiative across the ICS; Friends and family programme to support relatives to write letters, get messages to patient, their loved ones and to support the recovery of the patient; Patient safety & Clinical Effectiveness – In agreement with NHSI, early adopters of the patient safety incident response framework is now postponed. The CCG have implemented a stop the clock on all SI's currently open which means that at the current time, no report will be noted as overdue or late. 					



NHS Foundation Trust

3.	 Workforce Update – The committee members were updated on the following: Staff line continues to support staff with over 7,000 calls; reduction in staff sickness from 13% to 9%; introduction of staff testing with over 500 staff tested with 45% negative result and able to return to work; introduction of personal circumstance form; recruitment of additional 34 HCA's and return to practice of 121 clinical staff; retraining and redeployment of 290 nurses and 61 HCA's for critical care; increase in medical bank of 21 GPs and five medical core doctors; development of a robust welfare check process; Support for Muslim colleagues during Ramadan. 	Information	
4.	 Finance – the committee members received an update and noted the following: Month 12 19/20 the Trust achieved an actual deficit of £39.7m (excluding items that do not count towards the Trust's control total) which bettered its control total by approximately £100k. Consequently, with receipt of PSF, FRF and MRET funding of £31.2m and then further incentive FRF (deficit reduction) of £8.6m the Trust actually reported breakeven and a small surplus of £50k. COVID-19 costs for 19/20 reported and notified to NHSI/E included revenue costs of £4.1m (matching funding has been confirmed) and capital of £0.7m. Lost income of £178k was also advised to NHSI/E and funding received to cover. Trust delivered £16.9m of CIP against target of £39m; Trust spent £36.6m on capital which was £1.9m over plan but had been in agreement with NHSI/E; Purchased surgical robot at £2.2m; 	Information	
5.	Recovery Work – Mr Moloney updated members of the recovery progress work being led by Mr Meers. The Committee noted that there was an item on the Board agenda that would update the Board further.	Information	
6.	Annual Reports – the Committee reviewed QPS, F&P and POD annual reports. It was agreed that there was further work to be undertaken. Mrs Greenhalgh would be working with the Committee Chair's to progress this further.	Information	