

**Meeting of the Oxford Health NHS Foundation Trust**

**Finance and Investment Committee**

**RR/App 42/2022**

(Agenda item: 24(d))

Minutes of a meeting held on

Tuesday, 17 May 2022 at 09:00

Via Microsoft Teams Virtual Meeting

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| **Present:** |  |
| Chris Hurst | Non-Executive Director (**CMH**) (the Chair) |
| Nick Broughton | Chief Executive Officer (**NB**) - *part meeting* |
| Grant Macdonald | Executive Managing Director for Mental Health, Learning Disability & Autism |
| Mike McEnaney | Director of Finance (**DoF/MMcE**) |
| David Walker | Trust Chair (**DW**) |
| Martyn Ward | Executive Director for Digital and Transformation (**EDDT/MW**) |
| **In attendance:** |  |
| Laura Carter | Senior Programme Manager (**LC**) - *part meeting* |
| Matthew Edwards | Director of Clinical Workforce Transformation (**ME**) - *part meeting* |
| Peter Milliken | Deputy Director of Finance (the **DDoF/PM**) |
| Kerry Rogers | Director of Corporate Affairs & Company secretary (**DoCA/CS/KR**) |
| Christopher Walkling | Senior Digital Programme Manager (**CW**) |
| Susan Wall | Corporate Governance Officer (**SW**) (Minutes) |
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| **Observers:** |  |
| Amelie Bages | Executive Director Strategy and Partnerships |
| Richard Trainor | Non-Executive Director |
| Elizabeth Wood | Executive Assistant to Director of Finance |

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| a  b | **Apologies for Absence**  Apologies were received from Nick Broughton, Chief Executive Officer, who would not be able to join until 10:00; and Philip Rutnam, Non-Executive Director.  The Chair welcomed all those present and observers to the Committee. |  |
| a  b  c | **Minutes of Meeting held on 22 March 2022 and Matters Arising**  The Finance and Investment Committee (**FIC**) minutes of the meeting held on 22 March 2022 were approved as a true and accurate record.  ***Matters Arising***  The Committee noted that the following actions were on hold or being progressed:   * 6(e) Warneford Foundation Steering Group Minutes transport proposal.   The Committee noted that the following action was on the agenda:   * 15(b) Acquisition & Disposal Policy for Land and Property |  |
| a  b  c  d  e  f  a  b  c  d  e  f  g  h  a  b  c  d  e  a  b  c  d  e  f  a  b  c  d  a  b  c | **Review of current financial performance:**  **a) FY22 Financial Result - to include financial Integrated Care System (ICS) update**  The Director of Finance referred to paper RR/App 14/2022, Finance Report March 2022 (Month 12) FY22 provided in support of the item, and presented paper FIC 26/2022, FY23 Plan and FY22 Summary.  The Director of Finance reported the Trust finished the financial year better than the revised plan of £0.9 million with a surplus of £4.0 million, noting the original plan had been to break even. The year had been challenging with monies being received via the Integrated Care Service (**ICS**), and Covid money reducing in the second half of the year. However there had been some benefits arising from unspent Covid money and delays in some money being provided quite late in the year which that it had not been possible to spend, and discussions were being held with auditors to ascertain what monies may be able to be deferred. He outlined it had been a benign revenue situation across organisations in Buckinghamshire, Oxfordshire, and Berkshire West (**BOB**), and the SE Region, with all breaking even or achieving some surplus.  The Director of Finance stated there continued to be some underlying themes for cost issues which were being budgeted for in the current financial year. One theme was Out of Area Placements (**OAPs**) that had been exacerbated owing to the Trust being unable to utilise all its beds in applying the necessary infection prevention rules. This had required beds to be purchased from the independent sector at significant cost. He noted there was also potentially an underlying performance issue requiring to be resolved. Another theme was high staffing levels in Community Hospitals that was not just attributable in the response to the pandemic, and the situation would need to be clawed back to an efficient operational base in the current financial year. Additionally the Cost Improvement Programme (**CIP**) had not been delivered, however there were potential benefits from the benign financial situation.  The Chair referenced the underlying deficit had improved by £3.0 million to £4.0 million deficit. He cautioned for non-recurrent medium-term money and Covid funding not to be absorbed as permanent monies to relieve short term pressures and these together with the CIP target would pose challenges for the new year.  The Trust Chair queried if there were any repercussions in the underspend on the Mental Health Investment Standard (**MHIS**). The Director of Finance replied that the Trust liaised with NHS England (**NHSE**) monthly on matters, and that the current years MHIS had been brought forwards preceding the spending review, and that the challenge had been the difficulty in recruiting staff in a timely fashion as a high percentage of the MIHS went on staff and that there would be a requirement to deliver on recruitment to meet requirements of the Strategic Development Fund (**SDF**).  **The Committee noted the update.**  **b) Financial Forecasting**   1. **FY23 Financial Plan** 2. **Review of capacity to manage aggregate financial risk (including utilisation of reserves and risks and opportunities not included in the current forecast)**   The Deputy Director of Finance referenced the many and variable funding streams received by the Trust during the year had impacted on the Trusts overall outturn position for FY22, adding that for most new investment received a percentage would contribute to overheads impacting the bottom line. He outlined a cost pressure had been incurred relating to the agenda for change pay award received in FY22 that had generated a funding gap that had been adjusted into the FY232 plan.  The Deputy Director of Finance stated the ‘flat cash’ settlement received from BOB for FY23 was the same income received as for FY22, however there were a new set of costs thus requiring the Trust to reduce it’s baseline expenditure in order to cover costs. He outlined incoming monies would cover the pay award gap, and new money in an uplift in MHIS and SDF had been allocated for growth across the Directorates and Forensic Provider Collaborative to invest in transforming services but the overall position was reliant on the Trust managing cost pressures taking into consideration the reducing Covid funds and noting there were no additional other monies available. He referenced the CIP plan had started to identify schemes to support and control cost pressures and this was significant for OAPs and staffing in in-patient units.  The Deputy Director of Finance stated the Trust had submitted the FY23 plan to NHSE for £3.5 million deficit. He highlighted the plan was driven by two contractual issues: an agreed £3.5 million relating to a contractual adjustment between NHS Specialised Commissioning and BOB that had not been rectified; and an unresolved issue around the flat cash funding in the triangulation of funds within BOB that positioned the Trust being at £9.3 million deficit as the additional funding of £5.7 million of MHIS for the Trust had not been recognised as the Trust had retained a proportion of Covid funding, however this position generated a funding gap of £5.7 million. The Committee discussed the FY23 plan and noted the following matters: the deficit position did not take into account the principles of MIHS; the impact of a ‘flat cash’ approach rather than the more usual contracting route; observation of the inconsistency of acute trusts receiving Elective Recovery Funding above the ‘flat cash’ allocation; there was an awareness of the deficit disagreement amongst ICS Chief Finance Officers and NHSE; and it was acknowledged there would be associated risks for a mental health provider as nationally it was recognised there were significant increases in demand for mental health services.  *The Director of Clinical Workforce Transformation, and the Senior Programme Manager joined the meeting.*  The Deputy Director of Finance stated with regards to the budget there was a relatively stable plan for FY23 in terms of being able to govern the various internal pressures, with the plan covering: NI changes, pay revisions under the agenda for change; monies released for business justifications; and funds released for community transformation growth that equated to normal contracting levels. The main issue for FY23 was delivering a CIP programme of £8.0 million, and the requirement to reduce Covid expenditure by £12 million that was built into the plan. The retained Covid funding of £9.5 million would cover Personal Protection Equipment costs and additional cleaning costs being retained at the current levels and assist in managing cost pressures for OAPs and staffing for in-patient units that had been triggered during the response to the pandemic and was being tapered down to fit in with budgets.  The Chair observed that in future planning efficiency requirements dropped to £5.0 million compared to the current year savings of £8.0 million, and to be mindful that the Trust’s turnover was inflated by Provider Collaborative (**PC**) income if savings were to be based on proportionality of turnover and noted future contingency reserves for the 5-year plan were at £6.0 million.  The Deputy Director of Finance outlined the BOB ICS position was £91.0 million deficit which fell approximately mid-way from a SE Regional perspective. He mentioned ICSs were reviewing deficit positions and how to resolve matters and that the percentage of cost savings for BOB was lower than the rest of the SE Region using the NHSE comparator. The Chair commented that CIP was only one component of challenges for FY23, as the required Covid savings were higher and more concealed in plans.  The Trust Chair commented on the balance sheet of including PC revenues and the potential impact this could have on benchmarking the size of the Trust, renumerations and activities. The Director of Finance replied the plan was to submit reports to Board that would show performance figures with and without PC income.  **The Committee noted the oral update and report.**  **c) Productivity Improvement Programme Update to include:**  **i) Productivity Improvement Programme update**  The Head of Service Change delivery presented paper FIC 27(i)/2022, Productivity Improvement Programme FY22 M12 Update citing that FY22 had been a challenging year with the on-going response to the pandemic. She reported that just over half of the CIP target had been achieved at £1.895 reduced expenditure that was mainly attributable to non-pay expenditure. She outlined for the FY23 plan workshops for the Directorates and Finance would be taking place with the first round of workshops identifying savings of £1.1 million for M1. It was noted there would be three changes in reporting these being: CIP reporting would only include cost saving schemes; ‘cross cutting’ schemes would be included as part of Directorate savings; and each Directorate, and Lead Executive would be responsible for their own CIP plans and savings, these being over seen at the Productivity Improvement Programme (**PIP**) Board that all Directorates attended. The next steps would be collaborative working to focus on identifying opportunities around benchmarking productivity and reviewing project and transformational work to develop the overall FY23 plan. The Chair commented there was a potential overspend of approximately £0.6 million each month the planned savings were not delivered and that this was a significant risk to be reported to the Board.  The Executive Director for Digital and Transformation informed there were two elements aligning around Directorate financial planning for FY23: there was a move away from cost avoidance schemes to true cost reduction cost improvements as well as PIP; and any savings on agency costs would not be included in the CIP or PIP for the current year.  The Director of Finance clarified for the Committee that Covid funding went against overspend. He said an issue was if costs were built into a project they would be spent, and CIP initiatives were for driving down the budget, which was why agency costs were not included, but a central contingency was held.  The Committee discussed the challenge of accurate messaging to staff around possible misconceptions in seeing that the Trust was receiving new money versus being required to make cost reductions and how best to achieve clarity and context to front line staff around this. The Chair added it was important that Directorates were supported in the running of services and that measures implemented did not impact on this. The Director of Finance noted that the most important issue for FY23 was the £12.0 million saving the Trust was required to deliver and to build on the productivity and CIP work.  **The Committee noted the report.**  **ii) Agency costs update**  The Director of Clinical Workforce Transformation presented paper FIC 15(ii)/2022 Agency Management reporting the year end position of spend for agency and bank staff was £58 million which was a slight increase against the previous year. He noted that a main success by the year end was in achieving the removal of 23 long lines of agency positions in Community Hospitals. These positions had been filled by nurses from the international recruitment programme, and there were currently 37 international nurses employed by the Trust. He referenced it had not been possible to end all the long lines of agency work due to the limited number of mental health nurses available internationally. There had been mixed results to initiatives in FY22 and to assist with the 18 longlines of work not replaced in mental health teams the Trust had engaged in a strategic partnership with Medacs, a healthcare recruiting agency, to replace these by early June 2022.  *The Senior Programme Manager left the meeting.*  The Director of Clinical Workforce Transformation outlined the agency spend reductions forecast for FY23 was £9.255 million, and for FY24 £16.0 million. He informed a ‘form and function’ review was currently being undertaken of staff registered on the Trust’s bank pool, and that on completion Key Performance Indicators (**KPIs**) for Bank recruitment targets would be set. He added there was currently a 5-7 year workforce plan for in-patient staffing, and that a workforce plan would be completed for community staffing.  The Director of Clinical Workforce Transformation outlined the next steps included: the development of a KPI dashboard to monitor and report monthly progress; and the commencement of a tendering process for an agency ‘guaranteed volume contract’ to be piloted at the Littlemore site.  The workforce review, of funded establishment against safer staffing had supported the requirement for additional nursing staff that would temporarily increase the number of vacancies across the Trust. Extra funding had been agreed and implemented for M1 at £700,00 for Community Hospital staffing, and £1.2 million for mental health and specialised services staffing.  The Chair enquired around the rationalisation of suppliers regarding efficiency savings, including the high-cost premium including Medacs. The Director of Clinical Workforce Transformation replied work had started on reducing the number of agencies, however he would be meeting with five smaller agencies to review rates so as not to reduce the pool of supply as many candidates were registered with multiple agencies. He reported the Chief Medical Officer and Chief People Officer had completed a restructuring of the medical staffing management team, and the use of and engagement with medical agencies for locums would be reviewed, and a wider conversation would be possible following this. The Chair added investment and resource had been made in internal infrastructure in the appointment of a Deputy Chief Medical Officer and that this would provide additional resource to assist in making progress on reducing agency.  **The Committee noted the report.**  *The Director of Clinical Workforce Transformation left the meeting.*  **iii) Out of Area Placements (OAPs)**  The Executive Managing Director for Mental Health, Learning Disability & Autism presented paper 27(iii)/2022, Out of Area Placements update report. He reported issues with the acute OAP, budgeting control and pay had grown since May 2020 to the highest use of OAP bed days being recorded at 600 bed days and this equated to approximately 20 or above placements, for April 2022. He recognised OAPs had historically been an issue for the Trust, but this had been exacerbated by infection prevention control and guidelines required in the response to the pandemic. He outlined the initial strategy would be to improve focus and control of OAPs, to be able to establish the underlying need, or perceived need for OAPs.  It was noted pre-Covid levels the average for OAPs was 2–5, and in addition the length of stay would also need to be reviewed in relational to clinical need that would also be reviewed. The bed base was below for Buckinghamshire and reasonable for Oxford per 110,000 of population. Alongside available bed establishments control processes would need to be considered for going above those establishments. The Chair referred to the analysis around length of stay in the paper and the importance in maintaining oversight of this.  *The Chief Executive Officer joined the meeting.*  The Executive Managing Director for Mental Health, Learning Disability & Autism in response to the question raised by the Executive Director of Strategy and Partnerships explained the Trust’s OAPs had risen at the start of the pandemic was in part due to the Trust’s estate, whereas other Trusts had controlled matters by putting people into beds in the community making the Trust reporting higher. He added that most of the current 20 OAPs were appropriate placements so the national in-appropriate OAP placements picture for the Trust would be 3-5 which would be in line with other trusts.  It was agreed for regular reporting to the FIC for OAPs for the next 6 months for continued oversight.  **d) Working Capital and Cash flow**  The Chair introduced paper RR/App 25/2022 Cashflow Forecast and Working Capital reports summarising provisional numbers had already been reviewed for the year end and for the detail around the favourable cash position in investment and expenditure compared to plan be explained.  The Director of Finance reported the Trust year end cash position was £90 million, an increase of £34 million in the year. The main reason for the increase arose from: £8.0 million operating surplus; £14 million deferred income; trade payable had reduced by £16.0 million; and £8.5 million Public Dividend Capital received for capital opportunities that was mainly IT and Estates related. He summarised the overall position was probably closer to £60.0 million as the expectation was payables and deferred income would drop back and for context historically the position prior to the pandemic would have been around £15.0 - £17.0 million.  **The Committee noted the working capital and cashflow updates.** |  |
| a  b  c | **Oxford Pharmacy Store (OPS) Performance Report – update on latest performance and FY forecast**  The Chair introduced paper RR/App 16/2022, OPS Performance Report noting the OPS team had been dynamic in resolving issues relating to threats to their normal activity relating to the pandemic and had been adept in backfilling activities such as elective recovery for acute colleagues. He noted the year end financial performance was favourable although the margin was slightly lower than target. The Director of Finance added the business had come back satisfactorily and relationships were being developed to open up opportunities with the Department of Health and Social Care. He expressed margins were continually under pressure as it was a competitive environment but that the team continued to drive the business at the best possible margins. Overall the position was better than plan contributing £476,000 to Trust services.  The Committee discussed the process and oversight of a strategic proposal for OPS that was going to be presented at May 2022 Board for strategic direction approval, the details of which would be presented at a future FIC for scrutiny.  **The Committee noted the report.** | **MMcE** |
| a  b | **FY22 Capital Programme – review of year**  The Director of Finance presented paper FIC 28/2022, FY22 Capital Report reporting the final outturn for the year was as expected at £11.4 million, £2.9 million underspend against the £14.3 million updated plan. Two key areas affecting slippage on the capital programme were: Estates at £1.1 million behind mainly relating to complexities around sourcing construction companies, materials, and timings; and PICU at £1.3 million behind.  **The Committee noted the report.** |  |
| a  b  c  d  e  a  b | **FY23 Capital Programme Plan:**  **a)FY23 Capital Plan proposals**  The Director of Finance presented a draft of FY23 Capital Plan proposals. He reminded that at the current time capital was tightly constrained by the treasurer, with monies allocated to the Department of Health (**DoH**) not being allowed to go beyond that capital envelope. From the DoH allocations went to NHSE for allocation to Regions and ICSs, with BOB ICS receiving an allocation of £98 million that would then be allocated to all organisations under the BOB ICS umbrella. Oxford Health had received an allocation of £9.9 million capital envelope. He informed that £9.9 million was more than had been received previously with the historical amount received usually around the £7.0 million mark, which historically had been the sustainable level for operations. He highlighted that £1.17 million worth of projects not completed in FY22 would be carried forward into FY23 eating into the £9.9 million allocation.  The Director of Finance outlined draft spending proposals for: Estates Projects; Clinical Systems; IT Capital (match funding); and Medical equipment that totalled more than the allocated £9.9 million. He added with the sale of two properties in FY22, accruals and VAT reclaim there would be an expanded envelope of £12.7 million, of which £1.3 million was yet to be committed. He informed high risk estates projects had been evaluated and if completed would leave a short fall risk of £1.7 million. He stated a 4-year capital would inform and evaluate the longer-term draw on capital for a longer-term view and balance. He informed an out of session paper would be circulated when figures had been confirmed for approval and for ratification at the FIC July meeting. The Committee supported the process.  The Chief Executive Officer enquired how the risk compared to previous plans and how fluctuations in the economy were factored in. The Director of Finance replied estimates were on current know costs and all Trusts would be under pressure regarding inflationary factors, and in previous years there had been a compliance plan and being centrally funding rather than the current scenario of allocated funding via BOB ICS.  The Director of Finance confirmed for the Chair that the draft FY23 plan to be circulated before the next FIC meeting would detail cash flow profiling spend over the year for schemes giving oversight and control around any unforeseen inflationary pressures.  **The Committee noted that a revised draft FY23 Capital Plan proposal would be circulated out of session for approval and for the FY23 Capital Plan to be ratified at the July FIC meeting 2022.**  **b)Capital Projects update**  The Executive Director for Digital and Transformation presented paper FIC 30/2022, Capital Projects Update taking the report as read as capital projects, subject to approval, had been covered in the previous item, Item 5a).  **The Committee noted the report.** | **MMcE** |
| **7.**  a  b | **Psychiatric Intensive Care Unit (PICU) update for Child & Adolescent Mental Health Services** **(CAMHS)**  The Executive Director for Digital and Transformation presented paper FIC 31/2022, Update on the build of the CAMHS PICU at the Warneford Hospital that was taken as read.  **The Committee noted the report.** |  |
| **8.**  a  b | **Provider Collaborative Performance Update**  The Committee accepted paper FIC 32/2022, Provider Collaborative FY22 update as read.  **The Committee noted the report.** |  |
| **9.**  a  b  c | **Capital Programme Sub-Committee Minutes of Meetings**  The minutes of meetings of the Capital Programme Sub-Committee (**CPSC**) on 12 April 2022 RR/App 17/2022 were taken as read.  The Chair stated it would be good practice for the CPSC to submit a report periodically as it would be useful for the FIC to understand the processes employed by the CPSC around prioritisation of projects, timelines, and processes, and for a report to be submitted to the September FIC meeting.  **The minutes of Capital Programme Sub-Committee were noted.** | **MMcE** |
| **10.**  a  b  c | **Information Management & Technology (IM&T) update**  The Executive Director for Digital and Transformation presented paper FIC 33/2022, Information Management and Technology (**IM&T**) update giving an update on priority areas:   * Electronic prescribing – this was the primary project and was on track for the pilot to start the following month on inpatient wards, having been delayed by a month for the latest version from the supplier. It was noted it had taken 18 months of configuration, development and testing to get the system set up and running. * Relocation of the Trust’s Data Centre – migration set up was nearing completion and would remove the risk of a single point of failure in a shared data centre with Oxford University Hospitals (**OUH**). * Refresh of the Trusts Wi-Fi network – the network had been updated and was working with improvement in network performance being noted, however evidence from testing had identified a bottleneck pressure at OUH internet connections. An additional internet connection was being installed at a Trust site to test and check security prior to expanding connections at further sites. * Community Services – Electronic Healthcare Record System – the contract had been awarded to EMIS and would be employed the following year.   The Executive Director for Digital and Transformation updated that in addition to the major projects, the True Colours project, in collaboration with OUH, was progressing supporting reporting across a range of services that would offer enhanced engagement with patients. Additionally in line with an ICS initiative conversations were taking place with other healthcare providers for opportunities to share systems.  **The Committee noted the update.**  *The Senior Digital Programme Manager joined the meeting.* |  |
| **11.**  a  b  c  d  e  f  g  h | **Digital Strategy – focus on FY232 plan**  The Executive Director for Digital and Transformation introduced the Senior Digital Programme Manager who would provide an oral update with supporting presentation on progress of the Digital Health and Care Strategy (**DHCS**).  The Senior Digital Programme Manager recapped the DHCS was published in July 2021 and was built around 4 key themes:   * Digital Empowerment – improving access to choices about and experience of healthcare; * Digital Culture – Improving digital tools, skills and capability delivering more time for care, generating efficiencies, and enhancing digital skills and leadership; * Digital foundation – delivering a fit for purpose digital infrastructure to include: improving capacity and capability for mobile and flexible working; improving infrastructure and systems; improving integration and interoperability both internally for Trust systems and wider organisations such as Place, and the ICS; and * Research, Collaboration, and insight – improving research capabilities and collaboration generating data rich decision making, examples include: delivery of services; contribution to population health management; and capacity to develop diverse strategic partnership relationships across the industry.     The DHCS was aligned with wider Trust Strategy objectives and had sustainability at the fore. He outlined the concept for the key themes identified the: the overall aim; specific aims; tangible objectives; and work lines generating a complex but comprehensive thread for each theme. He noted although the DHSC was a 5-year plan, detailing planned work lines and potential, it was not static as the digital environment was a rapidly moving one.  The Senior Digital Programme Manager detailed progress for a few transformational projects on the Digital Road map, these being: True Colours, a collaborative project benefiting both the Trust and OUH; Digital Ward Monitoring due to go live from July 2022; Orca, a public facing health information app for use with system partners.  The Senior Digital Programme Manager highlighted a couple of risks associated with the portfolio, namely: the perennial challenge of not enough resource that had impacted on a couple of key projects and these were currently on hold; and having sufficient capacity within IM&T to commission and approve digital products. He stated it was important for projects to be clinically driven in terms of priority with digital innovation delivering reduced clinical risk and improved patient outcomes, whilst recognising new digital tools required staff capacity and engagement in developing the skills to learn. He added there were rigorous processes in place for the approval of new digital technologies, and for issues mitigation prioritisation was around effective benefit management of the Trust’s existing programme to be able to demonstrate future investment. The Chair thanked the Digital Programme Manager for the comprehensive presentation.  The Committee discussed clinical leadership advocates, roles, and groups in embracement of digital projects and initiatives following the question posited by the Chair. The following points were noted arising from discussions: projects had clinical leads allocated; there were a range of supporting groups one of which included commercial partners for wider overview of the market; trial/pilot projects were undertaken; there was a Chief Clinical Information Officer in post; and that this aspect would be continually overseen.  The Finance Director suggested it would be prudent to complete a longer term financial strategic digital plan to consider and benchmark IM&T resources so that an appropriate level to support staff and provision in driving the organisation digital world forward, as a proportional, spend was achieved. The Executive Director for Strategy and Partnerships echoed this view and stressed the importance in forecasting for the future and linking it to the annual planning cycle, and the Executive Director for Digital and Transformation added these aspects would be included under the Digital Culture theme of the DHCS.  **The Committee noted the report.**  *The Senior Digital Programme Manager left the meeting.* |  |
| **12.**  a  b  c  d | **Information Management Group (IMG)**  The Director of Finance presented paper FIC 35/2022, Information Management Group (**IMG**) Highlight and Escalation Report. He commenced by reminding that much IMG work was undertaken behind the scenes but was essential in managing risk information. He highlighted the following areas of compliance:   * DSP Toolkit – this had successful in its submission and had included an additional cyber check required across the NHS for cyber security resilience owing to events in Eastern Europe. * Freedom of Information (**FOI**) and Subject Access Requests (**SAR**) – although these had risen and generated significant workload the Trust was compliant with statutory limits * Data Protection, ICO audit – an action plan of recommendations was being delivered   The Director of Finance informed the Committee that the IMG concluded that the consolidated risk for areas requiring improvement was acceptable. He highlighted that the IMG would keep under review available resources in support of the rise in FOIs, SARs, information incidents and cyber threats. He reported that due diligence was being undertaken in the management of clinical related patient data in the use of apps, such as Orca mentioned above at 11(d).  The Chief Executive Officer added that mandatory training was current being reviewed by the Chief People Officer.  **The Committee noted the report.** |  |
| **13.**  a  b  c  d  e | **Procurement Update – to include: Strategic Procurement Update; and Single Action Tender Waiver update**  The Deputy Director of Finance presented papers FIC 36(i)-(ii)/2022, Strategic Procurement Update, and Single Action Tender Waivers 2021/2022 01 February to 31 March 2022.  The Strategic Procurement update paper FIC 36(i)/2022 was taken as read, noting that the procurement for external audit was now in progress.  The Single Action Tender Waiver (**SATW**) update paper FIC 36(ii)/2022 was taken as read. It was noted that there had been two high value waivers and both had related to Provider Collaboratives, the Trust was lead for.  The Deputy Director of Finance informed that the review being undertaken of procurement processes and policies was nearly completed. This would generate changes and would lead to a reduction in the number for SATWs in the future. He added that estates procurement information would be included in future reports for oversight. The Chair welcomed the approach being taken and focus on Estates.  **The Committee noted the reports.** |  |
| 14  a  b | **Policy - Acquisition & Disposal for Land & Property**  It was confirmed that this item would be deferred to the next FIC meeting.  **The Committee noted the Acquisition & Disposal for Land & Property Policy would be deferred to the next FIC meeting.** |  |
| 15.  a  b  c | **Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)**  The Chair introduced paper FIC RR/App 19/2022, Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board Assurance Framework (**BAF**) update. He reminded the FIC was responsible for overseeing and monitoring a number of specific risks, and for consideration for any changes or likely hood of any impact that would need to be brought to the attention of the Board.  The Chair referenced a potential risk the Assistant Trust Secretary had posited around PICU project management mentioning it would be beneficial to continue to monitor matters. Regarding the financial risks he mentioned the current ratings felt right, taking into consideration the expected CIP delivery and reduction in dependency on Covid funding resources. The Director of Corporate Affairs and Company Secretary referenced the potential new risk identified in that it would be prudent for this to be developed further to encompass larger project management, such as the Warneford Development to establish what risks needed to be managed once the project was set up for oversight. The Chair informed oversight of the Warneford Development was being undertaken by a Non-Executive Director who would be bringing summaries to both FIC and Board meeting in how arrangements were progressing to enable colleagues to remain up to date and to test expectations against proposals. The Chief Executive Officer reflected on capital in support of the backlog of maintenance requirements and for this to be considered.  **The Committee noted the report.** |  |
| **16.**  a | **Any Other Business**  None. |  |
| **17.**  a | **Brief reflections on today’s meeting**  The Non-Executive Director observing expressed he had found the meeting admirably conducted, systematic and informative. The Chair welcomed this and acknowledged all those who supported the meeting in the background. |  |
| The meeting closed at 11:22.  **Date of next meeting**: Tuesday 20 September 2022 09:00 -12:00 via Microsoft Teams virtual meeting. | | |