Agenda Item: 17b

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Committee Chair's Assurance Report

Report to:	Board of Directors (in Public)
Date of meeting:	6 July 2021
Title of Report:	Assurance Report from the Finance and Activity Committee
Recommendation:	For assurance
Chair:	Graham Ward, Non-Executive Director
Purpose:	The report summarises the assurances received, approvals, recommendations and decisions made at the Trust's Finance and Activity Committee meeting on **23 June 2021.**
Background:	The Committee meets monthly and provides assurance on scheduled reports from all Trust operational committees with a finance and activity (including commissioning) brief.
Item for Escalation	**Business Case Templates and Process** The Committee discussed the various outstanding actions relating to the business case template and revisions to the business case process. The Committee was informed that the business case template and associated guidance had been reviewed and approved at the June meeting of the Senior Leadership Team and would be presented to the July Finance and Activity Committee. The Committee also asked that where any project involves a part of the estate then the process includes an assessment of compliance/impact on the new hospital SOC.
Item for Escalation	**Division / Corporate Area Presentation – Clinical Support Services** The Finance and Activity Committee welcomed the division of Clinical Support Services. The division presented their activity and finance position including their recovery plans as part of the elective recovery programme. The division also highlighted to the Committee the challenges and risks associated with timely staff recruitment and the requirements for agency sourced staff. The division also described the operational challenges of managing the MRI scanners that are due for replacement. The Committee supported the replacement and due to the time requirements of procurement and installation, the Committee recognised the urgency of completing a business case for approval.
Item for Escalation	**Access Standards Report** The Committee received the monthly access standards report. The Committee was informed of the significant increases in emergency demand and the sustained increases in ED attendances. The Committee acknowledged that additional bed capacity was opened and agreed that it was appropriate for the Quality Committee to be sighted to this through more formal reporting. The Committee was also informed that the Trust was progressing demand management

	initiatives and discharge processes across the health economy. The Committee was informed that a proposal to have co-located primary care services within ED was being explored with a potential solution being reviewed at the end of July. In terms of elective and cancer services the Committee recognised the potential risk around patients waiting in excess of 52 weeks for elective surgery and also ensuring the Trust complied with cancer access standards. It was agreed that a clinical review paper would be presented to the Quality Committee.
Item for Escalation	**Premises Assurance Model 2020/21** The Committee received a briefing paper on the increased governance associated with the submission of the Premises Assurance Model (PAM). The Committee reviewed the current position of the PAM and recognised the external review that was taking place in advance of the submission date in July. The Committee would seek delegated approval of the PAM in advance of reviewing the final document at the July meeting.
Item for Assurance	**Urgent and Emergency Care Improvement Plan** The Committee received the Urgent and Emergency Care Improvement Plan. The Committee recognised the work completed and that this plan was a cohesive plan that had included system partners. The Committee commended the quality of the plan and approved the actions within it. The Committee recognised that the 4 hour access standard was still the required standard and requested that trajectories were included against each specific initiative.
Item for Assurance	**Elective Care Restoration and Improvement Plan** The Committee received the Elective Care Restoration and Improvement Plan. The Committee recognised the work that had been completed to date and commended the quality of the plan. The Committee approved the plan and the actions within it and requested future reports include the activity trajectories associated with the recovery actions.
Risks to refer to risk register:	None.
Other items of business:	Other items the Committee reviewed: • The Committee received a verbal update with regards the CIP programme as part of financial planning for 2021/22. The Committee was informed that the Trust is delivering the core CIP programme but further work was underway in defining the transformational schemes. • The Committee received the monthly Finance Report for month 2. The Committee recognised the Trust was on plan and remained in a positive position with regards to financial performance. • The Committee received a six monthly update on the activities of the Procurement department and wider procurement strategy. The Committee requested that the Procurement department prepare a rolling twelve month forward look at future

	procurements that can be discussed at future meetings and will help ensure no surprises and that all procurements are being well planned. The Committee also recognised the significant amount of work completed by the function throughout the period of the pandemic. • The Committee received the significant risk register and the Board Assurance Framework Report for strategic objectives SO2 and SO4. • The Committee received an update on the Better Hospital Finance Improvement programme and the internal and external audit reports and associated recommendations. • The Committee received the forward plan for the Committee's forthcoming activities.

Attendance

Attendees: G Ward – Non-Executive Director and Committee Chair
S Roberts – Non-Executive Director
I Mack – Non-Executive Director
A Brown – Non-Executive Director
S Barnett – Trust Chairman
C Shaw – Chief Executive Officer
C Benham – Director of Finance
D Smith – Chief Operating Officer
L Lippmann – Deputy Director of Finance
S Jones – Deputy Chief Operating Officer
K Broome – Associate Director Planned Care
N Berns – Divisional Director Clinical Support Services (item 6)
M Alexander – General Manager Clinical Support Services (item 6)
M Webber– Divisional Finance Business Partner (item 6)
A Prime – Trust Secretary (minutes)

Apologies: C West-Burnham – Director of Strategy

Observers: Governors – A Walder and E Corner