Agenda Item: 19b

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:	7 December 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 **24 November 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.
Items for Assurance	**Divisional Presentation – Women and Children** The Committee received a presentation from the division of Women and Children. The team gave an overview of the activity related challenges and the work that was progressing with the support of the national cancer team. This work was supporting the division with their performance against the cancer access standards with revised patient pathways due to be in place at the start of the new calendar year. The team also described some of the challenges being faced and solutions being implemented within the gynaecology service. The team described their financial performance and the recognition of the financial framework that was in place for the first half of the year. The team also highlighted that an under-spend within expenditure budgets was driven primarily by midwifery vacancies. Following questions from the Committee the team described the initiatives that are in place to address the filling of vacancies in the context of the national position with regards midwifery staffing levels. The team also highlighted some of the Estates work that was underway and the requirements for their services to remain flexible whilst these improvements were being undertaken. The Committee recognised the challenges and the activities underway within the division and thanked the team for their presentation and the work that was being completed across the division.
Items for Assurance	**New Hospital Programme Update** The Committee received an update paper with regards the development of the strategic outline case for a new hospital. The Committee was informed that a workshop had taken place to work

	through a 'long list' of options to a 'short list' of options with an agreed 'short list' of options being taken forward in the completion of the strategic outline case.
Item for Assurance	**Responsive Section of the IPR** The Committee received the responsive section of the Integrated Performance Report. The Committee was informed of the significant increases in emergency demand and the sustained increases in ED attendances and the associated pressures with regards ambulance handover times. The Committee was informed that a co-located primary care streaming service had been agreed and would be in place in December. This would assist in the non-admitted four hour performance though admitted performance would remain challenged due to physical space constraints and high levels of bed occupancy within the divisions of medicine and surgery. The Committee also acknowledged that additional bed capacity remained open and was needed to remain open for the rest of the financial year. The Committee noted the inclusion of additional datasets that had been requested at the meeting last month. In terms of elective and cancer services the Committee recognised the potential risk around patients waiting in excess of 52 weeks for elective surgery with a focus of ensuring the patients waiting over 104 weeks were prioritised appropriately. The Committee also reviewed the cancer access standards and noted the drop in compliance against the 2WW cancer standard with compliance against this standard forecast in December due to the higher levels of referrals. The Committee recognised that the Trust was under significant operational pressures and the levels of activity taking place to manage these pressures.
Item for Assurance	**Urgent and Emergency Care Improvement Plan** The Committee received the monthly update for the Urgent and Emergency Care Improvement Plan. The Committee was informed that the previously discussed co-located primary care service with ED would be in place in December. The operational model was agreed and the funding for the service had been confirmed until the end of March 2022. A requirement to confirm an annual funding settlement was reiterated but the Committee welcomed this service for the winter period. The Committee was also briefed on the rollout of the SAFER ward initiative and the associated improvements within the discharge process. The SAFER rollout was slightly ahead of schedule with three wards remaining. The Committee was informed that SAFER was also being supported by improvements to the discharge process with further work to be completed to improve weekend processes. The Committee also discussed the Discharge to Assess (D2A) process and the interaction with Community service providers.
Item for Assurance	**Elective Care Restoration and Improvement Plan** The Committee received an update to the Elective Care Restoration and Improvement Plan. The Committee recognised the work that

	had been completed to date and continued to understand the impact of the operational pressures and that Full Capacity Protocol had been deployed within the month of October. The Committee was informed that significant improvements had been made through the activities of the booking team and system improvements and upgrades to the PAS system were being planned. The Committee also recognised the importance of ensuring that, despite the operational pressures, the day surgery unit and Sandringham unit would need to maintain their elective capacity to ensure the ambitious elective recovery programme would deliver in the second half of the year.
Item for Assurance	**Monthly Finance and Activity Report Month 7** The Committee received the monthly Finance Report for month 7. The income and expenditure position was reported as a surplus of £27k, with the plan position being equal to the actual position as defined within the national guidance for month 7. Following the meeting of last month the Committee was informed that the workforce and finance datasets were consistent across the main finance and workforce reports. The Committee noted the delivery of the month 7 cost improvement programme and noted the approach to the cost improvement programme and overall finance improvement programme was included as a separate agenda item. The Committee reviewed the capital expenditure position and noted the actual position remained significantly behind the planned position. The additional details and elements within the capital reporting section of the report gave greater clarity on the capital position and the Committee recognised that a significant amount of commitments, through the value of raised purchase orders, have been made but sought further assurances that the capital programme would deliver within the year. The monthly report confirmed that the Trust continued to achieve the 95% compliance level for the Better Payment Practice Code and remains ahead of the Q3 target for compliance against the code.
Item for Assurance	**Finance Improvement Programme including Cost Improvement Programme** The Committee received a report detailing the Trust's approach to financial improvement including the approach for the development of a cost improvement programme. The report described the two key aspects to financial improvement of increased financial controls and a cost improvement programme that will be owned and managed through a Finance Programme Management Office (PMO). The Committee noted the structures in place to support the governance of the improvement programme and recognised the need to ensure this programme was robust and sustainable across the Trust. The Committee reviewed the key workstreams that would support the cost improvement programme and noted the ambition of building a rolling programme that would straddle financial years. The Committee also noted the quality impact assessment process

	and that this process is being delivered to the Quality Committee on 30 November. The Committee welcomed the report and look forward to receiving the draft plan in January 2022.
Item for Assurance	**H2 Planning** The Committee received an updated financial plan for the last 6 months of the financial year 2021/22 (H2). The H2 plan was a breakeven plan and included funding of the additional ward capacity, winter plans funding and the funding of the co-located primary care streaming service. This breakeven plan will be used to monitor actual performance against for the last 6 months of the financial year.
Item for Assurance	**RAAC Business Case Programme Update** The Committee received an update on the implementation of the RAAC business case. The paper described the three main schemes, the progress to date and the key dates for each of the schemes. This paper was also accompanied of the initial draft of the forward plan for the following years. This forward plan was subject to review and discussion with NHSE&I Regional Estates and Finance colleagues. The paper described an update on the operational position of the number of propped planks and the completion of the 'tap and test' survey. In addition to the RAAC update the paper also described an update on the key estates capital programmes including the Maternity Bereavement Scheme and the NICU Ventilation upgrade programme.
Item for Assurance	**Digital and Information Services** The Committee received updates on the current position of the action plans with regards cyber security and sitrep reporting. The Committee recognised that good progress had been made and recognised that robust tracking measures were in place at an operational delivery level. The Committee also noted the update given with regards the information services improvement programme and the level of Non-Executive Director oversight through the alignment of the Deputy Chairman in the role of the Non-Executive Director aligned to Digital services. The Committee thanked the Digital team for their updates and given the ever changing risks around cyber security requested that an update become a standard item on the Forward Plan every six months.
Item for Assurance	**Significant Risk and BAF Report** The Committee received the significant risk register and the Board Assurance Framework Report for strategic objectives SO2 and SO4. The Committee agreed with the updates and the risks aligned to SO2 and SO4.
Risks to refer to risk register:	None

Other items of business:	**Other items the Committee reviewed** The Committee received the forward plan for the Committee's forthcoming activities.

Attendees:

G Ward – Non-Executive Director and Committee Chair
S Roberts – Non-Executive Director
I Mack – Non-Executive Director
C Shaw – Chief Executive Officer
C Benham – Director of Finance
D Smith – Chief Operating Officer
C West-Burnham – Director of Strategy
S Jones – Director of Strategic Estates Projects
L Skaife-Knight – Deputy Chief Executive Officer (part)
K Broome – Deputy Chief Operating Officer (part)
L Skaife-Knight – Deputy Chief Executive Officer (part)

N Hall – Chief Digital and Information Officer (Item 17)
S Balmford – Head of Digital (Item 17)
D Arnold – Head of Cyber Security (Item 17)

M Hughes – Divisional General Manager for Women and Children (Presentation)
A Price-Davey – Head of Midwifery (Presentation)
C Whalley – Finance Business Partner for Women and Children (Presentation)

B Flounders – exi (Item 8)
D Tolputt – PWC (Item 13)

L Preston – Board / Committee Administrator (minutes)

Apologies: L Lippmann – Deputy Director of Finance

Observers: Governors – E Corner and M Press