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Agenda Item: 10

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Governor's Business Committee Chair's Assurance Report

Title of Report:	Business Committee	**Date of Meeting: 01/11/2023**
Prepared By:	Andy Walder	
Approved By:	Andy Walder	
Presented By:	Andy Walder	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Business Committee.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Access Standards Report Emergency and urgent care remains a concern and the 4hour standard is not being achieved however the Trust is making progress improving ambulance off loads. Numbers of patients presenting every day remain consistent with previous months. The average number of patients with no criteria to reside (NCTR) remains high (127 patients at the time of writing). Discharging patients into the community on complex pathways remains a challenge, although there is a lot of positive work on-going to improve matters including commitment from partners to be more ambitious, for example implanting D2A pathways. However these solutions will take time and require the support of ICB and primary care partners. The Trust is working hard to improve internal processes to support increased discharge. The Trust lost access to community care beds at Amberley Grange that have not yet been reprovided. Industrial action continues to impact negatively on elective surgery and the waiting list however the Trust remains on target to deliver trajectories for March 2024 and two theatres are now back in action post RAAC and this will enable more elective work to be delivered. Performance in diagnostics remains static-with key areas of concern in Non-Obstetric Ultrasound and Neurophysiology. Stroke performance is improving, albeit slowly, with the Trust achieving improving to a 75% score in '90% of time on a stroke unit'. Whilst actions to	Whilst the discharge target of 30% before lunch is not being achieved, it is expected that new initiatives such as "Home for Lunch" will soon deliver earlier discharges. The F&A Committee has requested that a plan and a clear trajectory for improvement is provided for this initiative. Work is underway to find/develop more community care beds but is at an early stage and not expected to deliver them soon. With winter pressures at the QEH this lack of progress is a concern. More work needs to be done on "place" and how this is operating. This matter is being closely monitored by the F&A Committee and has been escalated up to the Board. The F&A Committee and requested trajectories for all DMO1 KPIs will be put in place. Patient feedback to Governors has highlighted a concern that scan results are not received by patients in a timely manner and the F&A Committee has been asked to look into this further. Model Hospital benchmarking will be developed to focus on peer group hospitals.

improve are in place and a deep dive into this area has taken place more is still required to ensure performance is where it needs to be. There is a concern that service levels on histology support from Cambridge are not being delivered. There is no assurance that this matter will be resolved as all hospitals are struggling in this area. System solution required. **Finances** Whilst P6 was close to plan, the concern is the ability of the Trust to deliver the breakeven plan. The recent indicative forecast position indicates that the Trust will be in a deficit position and work continues within the Trust and with ICB colleagues. This forecast deficit position is reliant on a number of mitigations being delivered through the CIP plan that NEDs can only give limited assurance on ie they are as assured as they can probably be. The ICB is also forecasting a deficit position and remains under significant financial pressure. This forecast deficit position would lead to a potential cashflow issue in Jan/Feb 2024. The Trust finance team continues to work with ICB colleagues and national colleagues for additional cash drawdowns to support the forecast deficit position. These system issues are being escalated to the Board. Backlog maintenance costs remain a risk. We must ensure that standards are maintained as we head towards a new hospital build. The Trust has a significant capital programme for 2023/24 and the EPR programme will be a key programme over the next two years. Further work, including the finalisation of the Full Business Case, is underway to give the assurances that the Trust is best placed to ensure the programme is delivered on budget, on time and able to deliver a quality product.	

Assurance	Recommendations to the Council of Governors
Access Standards 5 out of 7 cancer standards being achieved with clear actions to achieve the other 2. Cancer backlogs are coming down. Trajectories for improvement are helping us to see planned improvements and how we are tracking against them. NEDs have assured us that we will see trajectories for improvement on all Access Standards measures. Dealing with the report in bite sized segments worked well and the new sharper and more focussed report is good. **Finance** Whilst an escalating risk, the financial understanding of our position and any associated implications remains strong. For example, the implications of not delivering our financial plan are understood and that nothing must be allowed to impact on the safety of our patients is understood. The Cost Recovery Plan demonstrates good understanding of, and grip on, the finances. Capital programmes and monies secured is strong and projects are being delivered on time, on budget and to quality. An additional 6m has been secured to deliver supporting RAAC works (ventilation system). Getting on to the new hospital list is a fantastic achievement and the new hospital programme is robust. **BAF/Significant Risks** The NEDs have been able to assure us that increasing risks are understood along with their implications and mitigations. This is evidenced by the NEDs increasing the risk scores on some key risks such as CIP, ICS, Digital. Report clear and top 3 risks with mitigations clear.	1. Governors to ask NEDs the level of assurance in relation to a discharge plan with clear trajectory and timelines for delivery. 2. Governors to seek information from NEDs on the level of assurance of the actions being taken within and across the ICS to deliver additional community beds to our local area. Governors need to be assured that NEDs are doing everything they can to make sure this happens quickly. 3. Governors need to be assured by NEDs that the year end financial position has stabilised (and not deteriorated further) and that the ICS year end financial position will not impact negatively on our position. 4. NEDs have assured us that we will see trajectories for improvement to target on all Access Standards measures, just need to confirm when.

Comments on Effectiveness of the Meeting
The meeting continues to drift into detailed operational issues which need to be handled in a different way eg operational questions could be submitted to executives and answered before the meeting, leaving the meeting to discuss the core matters in its ToR. Executives are very open and transparent and share information willingly and cooperatively. Graham was again the only NED in attendance. Should there be another NED in attendance? This needs to be considered as part of the review of the Terms of Reference, with a recommendation made to the Lead Governor and Trust Chair. From a Chair perspective it is more difficult to chair a mixed meeting ie some attendance in person and some virtual. It would be better one or the other on a rotational basis. In the discussion about the future remit of the Business Committee there was a difference of opinion. Some members agreed that the committee should focus on finance, business and strategy. Others felt that you could not divorce financial matters from the performance on access and standards. The Governance Review has not really addressed this debate, but it is understood that the Council of Governors will now need to agree its working group structure along with outline ToRs for each, which will then allow each working group to flesh out in detail their remit. A concern was expressed that Trust performance is too often talked about in a comparative way ie our performance is no worse than others or indeed often better than others. But for our patients this is irrelevant. Our patients are concerned about the standards they should be receiving and regrettably are not. Perhaps, whilst acknowledging that we are not an outlier on our performance, we should acknowledge that we must do better for our patients and not accept the status quo because that is what others are doing. We should also acknowledge and communicate better all the things we are doing well eg new ED area, Endoscopy Suite, Diagnostic Centre, just to name a few.