Agenda Item: 17.2

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:	1 December 2020
Title of Report:	Assurance Report from the Finance & 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 & Activity Committee meeting on 18 November 2020.
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	**Financial Plan 2020/21 - update** The Committee received the latest financial planning paper that had previously been received by the Board of Directors on 3 November 2020. This was delivered in conjunction with a verbal briefing from the Director of Finance following further discussions with NHSEI Regional colleagues. Comments from the Committee will be included within the relevant Private Board agenda item.
Item for Escalation	**Access Standards report including Urgent and Emergency Care (UEC) Deep Dive** The Committee received the monthly access standards report with a deep dive within the Emergency Department 4 hour performance and the urgent and emergency care pathway, which included a metrics comparison with SFH as our 'buddy trust'. The Committee was informed of the operational pressures upon the urgent care pathway whilst ensuring the elective care recovery programme delivers in line with the recovery trajectory. The Committee was informed of the initiatives in place to achieve compliance but was also informed of the significant operational challenges that not having a co-located primary care service and poor patient flow due to experiences with discharges into community care that the Trust experiences when compared to peer trusts. The Committee further referenced the increased challenges that the Trust will face moving forward into the winter period with a potential increase of patients presenting with COVID or suspected COVID. The Committee also discussed the other access standards with a

	focus on cancer waiting times and patients waiting over 52 weeks for treatment. The Committee will maintain enhanced focus on these areas.
Item for Escalation	**NICU Refurbishment and Ventilation Update** The Committee reviewed and considered the updated costing paper for the NICU development. The Committee agreed that careful monitoring of the capital scheme is required and it was agreed that Simon Roberts would be the Non-Executive Director aligned to this project. The Committee supported the scheme and the revised costings and recommended the paper be considered for approval at the Board of Directors meeting on 1 December 2020, subject to careful monitoring of the procurement process.
Item for Assurance	**The Sandringham Unit update** The Committee received an update paper following the successful acquisition of the Sandringham Hospital. The facility is operational with the first inpatients being admitted from 10 November 2020 with additional inpatient rooms becoming available from 16 November 2020. The Committee acknowledged the effort and commitment made to deliver the successful acquisition and get the unit operationally effective for the 10 November.
Item for Assurance	**Divisional Presentation – Clinical Support Services** The Committee received a divisional presentation from Clinical Support Services (CSS). The presentation highlighted the current operational and financial positions within the division and the Committee recognised the operational and workforce challenges the division was facing. Financially the division was performing well although the Committee recognised that this would become more pressurised when activity levels reached the higher planned levels. The Committee also recognised the capacity challenges faced by the division and that recruitment plans and outsourcing solutions were in place to mitigate these as much as possible. The Committee sought further assurance as to the seven day service provision offered by the division and was keen to ensure that patients would still be able to get Trust based services if logistical challenges existed for appointments/services not based at the Trust.
Item for Assurance:	**Outsourcing Overview** The Committee received and noted the paper around outsourcing. The Committee was informed that the Trust had only committed to diagnostic outsourcing. The paper described the process that is undertaken should outsourcing be required with the Committee understanding that various factors needed to be taken into account including access, quality, seven day service requirements as well as the financial implications.

Item for Assurance	**Business Planning Update** The Committee received an update on the business planning process for 2020/21. Although the national guidance is yet to be published the Trust has started the process early. The Committee was informed that a recent Senior Leadership Team (SLT) meeting was dedicated to reviewing initial plans and provided a solid platform for moving forward. The Committee also supported a review with the Board of Directors and the Divisional Leadership Teams in the new year to review these plans.
Item for Assurance	**Finance and Activity Report Month 7** The Committee received the monthly finance report and was informed that this was the first month of the revised national finance regime. The Committee was informed that the Trust delivered an actual financial position in line with the planned financial position. The Committee reviewed the finance position and acknowledged the positive position for the month and requested additional risk adjusted forecast scenarios for future monthly reports.
Item for Assurance	**National Cost Collection** The Committee received an updated paper detailing the assurance review that the Committee had approved at the previous month's meeting. The Committee noted the submission had been made on time and also acknowledged the Trust had been chosen to be included within the National Assurance process led by EY (National audit firm identified to complete the assurance process). Although exact timeframes were not yet known the Committee welcomed the assurance review and welcomed the findings to be presented at a future Committee meeting.
Risks to refer to risk register:	No additional risks identified.
Other items of business:	Other items the Committee reviewed: • West Norfolk Winter Plan • Fermoy Future Use • Better Hospital Finance Improvement • Significant Risk and Board Assurance Framework (BAF) Report

Attendance	
Attendees:	G Ward – Non-Executive Director and Committee Chair I Mack – Non-Executive Director S Roberts – Non-Executive Director C Benham – Director of Finance D Smith – Chief Operating Officer C O'Brien – Director of Patient Safety P Tydeman – Director of Transformation C Shaw – Chief Executive Officer S Barnett – Trust Chairman A Prime – Trust Secretary

Invitees:	N Berns – Divisional Director Clinical Support Services (item 6) M Burney – Divisional General Manager Clinical Support Services (item 6) M Webber – Finance Manager Clinical Support Services (item 6) C West-Burnham - Director of Strategy (item 9)
Observers:	Governors - A Walder, E Corner