

CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Integrated Assurance Committee	DATE OF MEETING ISSUE RAISED: 23.06.20	
CHAIR:		Carole Taylor-Brown, Non-Executive Director	LEAD EXECUTIVE DIRECTOR: Nick Hulme, Chief Executive	
Agenda Item No.	DETAILS OF ISSUE:			FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?
1.	Medical Examiners and Bereave Examiners and Bereavement Servi pandemic, with 7-day working, with to escalate this to the Board so that	Escalate		
2.	Complaints Annual Report - The Service Complaints (England) Reg the previous report were implement regulations, this report is required Board meeting.	Information		
3.	Infection Prevention and Control (IP&C) Annual Report - The committee members received an update of the new way of attributing cases to the acute trust and noted the number of C difficile remained low. There was evidence of good attendance and engagement with divisions and departments, and teams actively involved IP&C through the Accountability Framework. The committee noted that this speciality was a difficult area to recruit into and recognised there would be an increasing demand on the area due to covid 19. This is presented to the Board as a full agenda item at its July 2020 meeting.			Information
4.	Workforce Update - The committee members received a comprehensive update. Concerns remained about progress with the new computerised risk assessments. The committee impressed the need for further work in reducing the risk to our black Asian and minority ethnic staffing groups.		Information	
5.	Finance - the committee members received an update and noted the month 2 break even position and that divisions had moved in addition to their month 2 position, to later months of the year as a contingency for recovery.		Information	

6. Project 3,000 Molecular Testing - the committee members received an update on the positive progress of the Covid-19 Information		The committee were aware of the expected further guidance on the Financial Architecture for months 5-12, as this was likely to be a block payment and a system top up payment for Business as Usual Covid costs. These would be fixed amounts meaning the risk for achieving break-even would be placed with the provider/system and this was different to the current reclaim for the actuals process in Month 1-4. The second part of the year would be considerably more difficult than the first part and need to be vigilant how we exit month 4, into the new regime, particularly in respect of Covid expenditure. 1.	
pathology activity and the development of a molecular diagnostic laboratory at Ipswich Hospital.	6.	. , , ,	Information