Agenda item: 17e

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 Senior Leadership Team
Recommendation:	For information
Chair:	Caroline Shaw, CEO
Purpose:	The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on **22 June 2021.**
Background:	The Senior Leadership Team meets monthly and provides assurance on the day-to-day operational management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical, which support the achievement of the organisation's vision, mission and objectives.
Item for assurance	The SLT noted and approved the minutes from the extraordinary SLT meeting held on 17 June 2021 were approval of the Reinforce Autoclaves Aerated Concrete (RAAC) Emergency Capital Business Case was discussed and approved, subject to the inclusion of narrative to reflect that all clinical and operational teams have been engaged in the process for development of the proposals and that there is assurance that there is sufficient PMO resource to support implementation.
Item for assurance	ICS update; SLT is assured in relation to the work which is on-going within the ICS, specifically in relation to; - The on-going development of Acute Provider Collaboration with robust discussions taking place at the Norfolk and Waveney Hospitals Group Committees on the 14 June 2021. The details discussed at the N&WHGC meeting were noted including proposed timescales for key milestones. - The on-going work in relation to Place based care and the conclusion of the engagement exercise in relation to Place boundaries. - Hospital Services Strategy – Policy Convergence and Alignment. Progress was noted in relation to the policies which have been developed collaboratively including Procedural Development policy / Consent policy / Mandatory Training policy / Thromboprophylaxis policy.

	Timescales for completion and confirmation of the agreed organisational governance process for sign off are being confirmed. SLT thanked the teams for the work which had been done on the development of an aligned Consent policy and an aligned Mandatory Training policy both of which will be ratified during July 2021. SLT considered the discussion paper in relation to the Health on the High Street model. SLT confirmed their approval to further exploration of the model.
Item for assurance	Operational Management Executive Group Chairs Assurance Report; - SLT noted the CAR and the detail included within it and that the OMEG did not have any items to escalate - SLT were **not assured** by the continued lack of Clinical Director attendance at the Divisional Management Boards, but noted the actions which have been taken to resolve this issue. - SLT noted that further work is required in relation to the Terms of Reference for the Cancer Services Forum and that these would be re-presented to OMEG in July 2021.
Elective Restoration and Improvement Plan	SLT were assured by the detail provided in the report and noted that; - Activity plans will be achieved for all PODs apart from Day Case in April and May 2021 SLT were **not assured** by two key areas and requested further detail in July's report in relation to; - the alignment of activity delivery with the Elective Recovery Fund requirements to ensure that the Trust is in a position to receive ERF as appropriate. - Further assurance around data and data quality and development of a robust recovery plan. To be presented to SLT in August 2021.
UEC Improvement Plan (Undertakings)	SLT discussed the detail provided and the proposed plans. SLT recognised the significant work which had gone into the report, but were **not assured** and requested further assurance in a number of key areas; - Further assurance was requested in relation to how the relationships between the Trust and partners will be managed to ensure that where we are reliant upon others to deliver performance improvements there is clarity around roles and responsibilities. SLT noted that the COO will pick this up with the WSORT. - Further assurance was requested to ensure that there is clarity around the 4 hour performance trajectory and the

	specific actions which are being taken which will have a positive impact upon delivery. i.e. inclusion of clear actions and timescales to show a step change in delivery. - SLT requested that further work is undertaken to ensure that there is clarity around the associated financial implications of the plan. SLT noted that full organisational engagement is essential to ensure that there is organisational ownership and that the plan is deliverable recognising that everyone has a part to play in managing Urgent and Emergency Care. SLT approved the improvement plan, subject to provision of a detailed trajectory built around actions being taken to deliver 4-hour performance.
Medicine Workplan	SLT thanked the divisional team for their work. The workplan was approved subject to the addition of 3 updates; - 2021 data to be included - Specific KPI in relation to the key themes from the 2020 staff survey and associated action plan - Specific KPI in relation to QSIR delivery - Inclusion of specific detail in relation to complaints SLT requested that an updated version is circulated to SLT for virtual sign-off.
Surgery Workplan	SLT thanked the divisional team for their work. The workplan was approved subject to the addition of 5 updates; - Specific KPI in relation to the key themes from the 2020 staff survey and associated action plan - Specific KPI in relation to QSIR delivery - Update the final page to reflect that we are 'aiming for outstanding' - Addition of more measurables to ensure that monitoring is clear - Reflect the organisational vision, not the divisional vision SLT requested that an updated version is circulated to SLT for virtual sign-off.
CSS Workplan	SLT thanked the divisional team for their work. The workplan was approved subject to the addition of 4 updates; - Specific KPI in relation to the key themes from the 2020 staff survey and associated action plan - Specific KPI in relation to QSIR delivery - Addition of more measurables to ensure that monitoring is clear - Addition of specific detail in relation to SO4 re financial sustainability - Alignment of the plan to the current CSS structure

	SLT requested that an updated version is circulated to SLT for virtual sign-off.
Item for assurance	Integrated Performance Report; SLT noted the content in the report including the additional level of detail which has been added to the Effective section, following discussion at Quality Committee. SLT recognised the organisational challenges which are currently present and the impact upon key performance metrics and noted the detailed UEC and Elective recovery and restoration plans which are now in place.
Item for assurance	Assurance and Risk Executive Group; - SLT noted the CAR and the detail included within it. - SLT noted that the AREG did not have any items to escalate Significant Risk Register; - SLT noted the detail within the report and the Trusts top 3 risks which include the roof / quality of patient care and cyber security. - SLT were assured by the detail in the report and noted the detail specifically the down-grading of two risks and one risk which was upgraded in month.
Item for assurance	Clinical Governance Executive Group; SLT noted the items highlighted for information, including; - Assurance in relation to VTE screening performance which is stable, however noted that further work is now underway to ensure that effective processes are in place to improve quality. - Noting that harm free falls work requires embedding and that further work is underway in this area. - Noting that the quality of fluid balance audits are improving - Noting the positive work which is underway in relation to Duty of Candour - Noting that concerns remain in relation to the organisation's increase in relation to HSMR, specifically relating to actions underway to ensure that there is assurance around the use of mortality databases within the organisation SLT noted that the CGEG did not have any items to escalate SLT were **not assured** by the lack of a Chairs Assurance Report from the Recognise and Respond Forum and noted that this is being resolved.

Item for assurance	Investment and Capital Planning Executive group; SLT noted the highlights from the report and requested further assurance in relation to the PAM report.
Item for assurance	Finance / CIP / Capital Update SLT were assured by current delivery of the organisational financial plan, noting that; - The organisation has delivered to plan for month 2 - CIP delivery is in line with plan for month 2 SLT noted that further work around the monthly profile for capital spend is underway and will be presented at a future meeting. SLT noted that there remains uncertainty in relation to the financial arrangements for the second half of the financial year and that full organisational ownership will be required to ensure that the organisation is able to deliver what is required.
Item for assurance	21/22 CIP Delivery Plan; - SLT noted the positive month two performance and were assured by the current arrangements which were in place SLT were **not assured** and requested further assurance in relation to; - The process for completion of Quality Impact Assessments for all CIP schemes which are planned for this financial year. SLT requested that there are sent through to the appropriate forum for sign-off as a priority. - Clear visibility of the CIP delivery plan for 21/22 and requested that this is brought back to SLT in July for visibility ensuring that there is clarity around how the CIP delivery plan aligns with wider organisational workstreams such as elective recovery with clarity around SRO sign-off
Item for assurance	Revised business case templates / process - SLT noted the paper and the proposed amendments to the limits of financial approval which will support greater divisional autonomy and ownership of financial decision-making, noting that this will also result in greater accountability - SLT asked for the Divisions to formally respond with regard to their thoughts in relation to the amendment of the financial limits of approval - SLT noted the updated business case templates which will simplify the process. SLT approved the revised process and templates subject to Divisional agreement (to be received virtually.)

Item for assurance	People Executive Group SLT noted the items highlighted for information, including; - PEG now has appropriate representation from all Divisions - New process are in place for CPD funding - The detailed update in relation to Mandatory Training - The actions which are in place to manage the wider workforce KPIs - SLT noted that the PEG did not have any items to escalate
Risks to refer to risk register	**None**
Other items of business:	

Attendance record

Attendees:

C Shaw, L Skaife-Knight, D Smith ,F Swords, C Benham, A Webster, J Carter, N Redwood, N Berns, M Burney, N Hall, N Hunter, C Castleton, C West-Burnham, A Dino, S Bass, L Lippmann and D McPartlin

Apologies:

J Humphries, L Notley and Karon Strong

In attendance:

E Mann and R Andrews