Agenda item: 18d

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 June 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 18 May 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	CEO update - Noted that all action logs for Trust meetings must be updated appropriately. - Noted that CQC are starting their inspection regime again. We are expecting them to come into the Trust in quarter two. Collaborative work ongoing with our CQC colleagues to strengthen relationships. - Welcome to Alice Webster, Chief Nurse. Alice will be focusing on key quality areas including patient experience to make a step change in performance delivery. - Noted that Jo Humphries, Director of People, is leading on development of a bespoke programme of leadership development for the Divisional Leadership Teams to focus on moving towards becoming high-performing teams and to disseminate these behaviours throughout the divisional teams. - Feedback from external partners at Oversight and Assurance Group (OAG) which took place 18/05/21 has been very positive. Thanks given to the wider team. - Feedback from NHSEI at our Oversight and Support Meeting (OSM) is that they feel we have a grip on our plans and that they will support us to have productive relationships with our Partners as we seek to resolve difficult issues - CS advised that she has been appointed as the SRO for Elective Recovery across the Norfolk and Waveney system.

	Clear focus on recovery of planned care is required in order to ensure we are managing our longer waiters effectively. - Noted that the organisation has had a fantastic 12 months with some significant achievements, but there is still further work to do to embed change.
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 10 May 2021 and a planned Tri Board meeting on the 25 May 2021. - Place Based Care – the establishment of a Local Clinical Leadership group and the planned establishment of an internal forum to strengthen governance and oversight. - 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. - Single Patient Tracking list – the agreed internal governance process for this work was noted. Future updates will be brought through the Operational Management Executive Group.
Item for assurance	Operational Management Executive Group Chairs Assurance Report; - OMEG were not assured by the current effectiveness of the Divisional Management Boards. Further work has been requested to be undertaken by the DLTs Action taken; • Standard setting and clarity around expectations for the Clinical Directors taking place via 1:1s with the Divisional Directors - SLT reiterated the importance of accurate documentation and clarity of decision-making to support the divisional governance processes. - OMEG were not assured by the draft U&EC and Elective Restoration programmes Terms of Reference which were presented for approval. It was noted that further work was required to strengthen the ToR. - OMEG were not assured by the current divisional engagement in relation to elective care recovery and restoration. Strong work in outpatients was noted. This needs to be reflected across all areas. - OMEG were not assured by the required sign off process for the agreed Ward Clerk reconfiguration which needs all

	Clinical Directors to formally agree. This remains outstanding. Once formal approval is received a detailed communications plan will be developed - Medicine / Surgery and Clinical Support Services Workplans (underpinning the Corporate Strategy) were not approved by OMEG. SLT noted that there is further work required to ensure consistency in approach and that they will be presented to June's SLT meeting. <u>Items for escalation;</u> - SLT reiterated the need for divisionally led clear and robust recovery plans in relation to Planned Care metrics, including 18-week RTT and DM01 (Diagnostic) performance, recognising that this work is underway led by the DLTs.
Item for assurance	Integrated Performance Report SLT noted the following key issues relating to performance within April 2021; - Three Serious Incidents in month reported to STEIS - Decrease in the number of reported injurious inpatient falls per 1000 beddays - Increase in hospital acquired pressure ulcers in month - Four cases of hospital associated CDiff reported - Three cases of hospital onset E.Coli in month - VTE screening compliance remains above target - The SHMI rate has increase however the Trust remains within the 'as expected' band - As per previous updates, the HSMR has increased and is expected to remain elevated for the next 7 months due to the impact of the pandemic. - Dementia Case screening rates have seen a significant improvement in month with achievement of the target. - There were four instances of same sex accommodation breaches on West Raynham (Stroke ward.) - The timeliness of responding to complaints fell to 58%. - A&E 4-hour performance was at 82.1%. - Three patients waited > 12 hours in ED for mental health inpatient beds. - Ambulance handover within 15 minutes was 58.5%. - 18-week RTT performance is at 62.0%. - 1,257 patients were waiting > 52 weeks. - Cancer Wait Times – 62-day referral to treatment was 65.8%. - Diagnostic wait times over 6 weeks improved to 60.8%. - 50.9% of patients spent 90% of their stay on the stroke unit. - The Trust's month 1 financial position is showing a surplus of £12k against the planned deficit of £616k. - The Trust has achieved its CIP plan for month1 delivering savings of £245k.

	- There has been improvement in key workforce metrics across the board. SLT noted the significant improvement within Dementia Case Screening rates and thanked the wider organisation for this emphasising the need to now embed the improvements. SLT were not assured by the following; - The low response rate to complaints remains an area of significant concern. The Chief Nurse is leading on this as a priority. - The robustness of elective recovery and restoration plans. It was noted that further work is required to ensure clarity around deliverability, with a detailed update to be presented to SLT in June 2021 for all key points of delivery. - The robustness of the organisation's approach to delivery of the required financial plan and CIP delivery plan – to be picked up in further detail later on on the agenda. <u>Items for escalation;</u> - SLT reiterated the organisational responsibility for ownership and resolution of patient complaints, with a clear step change in performance required. - SLT reiterated the need for divisionally led clear and robust recovery plans in relation to Planned Care metrics, including 18-week RTT and DM01 (Diagnostic) performance, recognising that this work is underway led by the DLTs.
Item for assurance	Assurance and Risk Executive Group - SLT noted the assurance from AREG with regard to the processes in place for assurance of all open significant risks. - SLT noted the agreement for 3 risks to be downgraded. - SLT noted the addition of two new risks relating to digital (including Cyber.) - SLT noted that the Terms of reference for three of the AREG reporting subgroups were approved and that all were being presented to AREG on 18 May 2021 for further discussion. Significant Risk Register - SLT noted and were assured by the Significant Risk Register. - SLT requested further bulleted details to be shared within the papers for future meetings to ensure visibility of risks and issues
Item for assurance	Clinical Governance Executive Group - SLT noted the assurance from CGEG and the areas of concern highlighted and the actions taken including; • Lack of report provided by the Hospital Transfusion Forum • An increase in the number of falls in month

	• A reduction in Duty of Candour compliance in April – all issues to be directly escalated to the Medical Director for resolution - SLT noted the positive feedback from CGEG in relation to improved compliance and adherence to the WHO checklist progress / the ongoing positive work which is being undertaken by the Trust's Medical Examiner Team / a notable (Special cause variation) improvement in the proportion of patients getting to their preferred destination prior to death
Item for assurance	Investment and Capital Planning Executive group - SLT noted the approval of agreed capital business cases - SLT noted the approval of the EPR business case – for further details discussion later on on the agenda - SLT were assured by the progress which is being made in relation to the Diagnostic Assessment Centre. SLT noted and agreed with the points raised in relation to the DAC. SLT requested regular updates as the OBC moves forward for completion by August 2021. - SLT were assured by the completion of the Health and Wellbeing Centre and expressed thanks to the project team who had successfully implemented the project. - SLT were assured by the on-going progress in relation to the Maternity Bereavement Suite and planned timescales for completion in Autumn 2021. - SLT were not assured by the fact that the ICPEG subgroup - Medical Equipment Forum – had not yet met and requested that this is actioned.
Item for assurance	EPR Business Case SLT noted the overview given by the Director of Finance; - Noted that capital funding will be partially funded by NHSX recognising that as a system we need to provide £14million and that the Trust will be required to provide ~ 25% of this total. - Noted that from a revenue perspective, the funding gap has been closed via an element of efficiencies which have identified, however as we go through OBC development, this detail will need to be worked through. - Director of Finance commented that he is happy to sponsor the business case, recognising that there is further work to be done via the workstreams in relation to affordability - Medical Director noted that this investment is absolutely required from a clinical perspective - The Chief Nurse articulated a challenge in relation to ensuring that E-Obs development is aligned with the EPR business case. It was recognised that all 3 Trusts will align from an E-Obs perspective when the EPR is in place.

	SLT approved the business case to go to an extraordinary F&A meeting on 25 May 2021.
Item for assurance	Finance / CIP / Capital Update - SLT noted and were assured that the month 1 plan has been delivered. - SLT noted that for the first 6 months we are forecasting to breakeven - SLT reiterated that containment of cost is key as we move forward - SLT were not assured by the forward plan for CIP delivery. The Chief Executive Officer requested a detailed update for SLT in June 2021 to ensure that there is clarity around the grip and control on bank and agency spend alongside delivery plans by area. The CIP delivery plan must be ambitious. - SLT noted that work is underway to ensure that a fully phased and planned capital programme is in place for this financial year. <u>Items for escalation;</u> - SLT reiterated the need for divisionally led clear and robust CIP delivery plans focusing on transformational change, with immediate focus required on the management of bank and agency spend and processes.
Item for assurance	People Executive Group - SLT were assured by the confirmed divisional representation on the PEG - SLT noted the request for greater clarity and assurance around the role and remit of the Education Forum sub-group. - SLT were assured by the outputs of the Culture Forum and the alignment with the developing Equality Diversity Inclusion workplan.
Item for assurance	Interview panel composition - SLT noted that the proposal was discussed at PEG and it was agreed that the organisation needs to go further and extend the NHS guidelines - SLT agreed to the principles that a consistent recruitment panel will be established from the start of the recruitment process (reflecting gender and diversity) to ensure a robust process is in place. - SLT agreed to inclusion of a divisional representative on the Consultant interview panels. - SLT agreed to a go live for the new process from 1 July 2021.
Risks to refer to risk register	**None**

Other items of business:	SLT agreed to add the Director of Transformation and Improvement to the Terms of Reference for SLT.

Attendance record

Attendees: Caroline Shaw, Laura Skaife-Knight, Denise Smith, Carly West-Burnham, Jo Humphries, Frankie Swords, Sarah Harvey, Govindan Raghuraman, Nicola Berns, Mary Burney, Nigel Hall, Louise Notley, Sam Bass, Chris Banham, Asha Dino, Alice Webster, David McPartlin

Apologies:

In attendance: Annette Nichols