Agenda item: 21f

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 February 2022
Title of Report:	Assurance Report from the Senior Leadership Team (SLT)
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 January 2022.**
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 SLT meeting held on 21 December 2021.
Item for assurance	**CEO update** • Thank you given to all members of SLT and their wider teams on the really positive Well Led interviews and feedback. It was noted that finalisation of the report is currently taking place and that the organisation is still working within the inspection window. • SLT agreed the importance of ensuring that we maintain momentum on the key organisational delivery priorities including management of urgent and emergency care. • SLT noted the clear national expectations in relation to delivery of the elective programme now that the wave of Omicron is reducing including management of patients waiting > 104 weeks. • SLT noted that work is underway led by the CEO and Trust Secretary to review the organisational governance structures in order to reduce the reporting burden within the organisation.
Item for assurance	**Strategic System Update** • SLT noted the detail as included within the report.

	• SLT noted the revised target date of 1 July 2022 for the implementation of the statutory arrangements for the Integrated Care System. • SLT noted that the work of the Norfolk and Waveney Hospitals Group Committees continues focused on the development of acute provider collaboration and greater alignment of priorities and delivery between the three acute Trusts. • SLT noted the significant work which is underway across the Hospital Services Strategy Programme including the development of the Urology Integrated Service Development proposal. • The importance of developing an Acute Clinical Strategy which will underpin future collaboration and integration across the system was confirmed. • SLT noted the importance of ensuring that regular communication with the wider organisation is in place to highlight the work which is underway.
Item for assurance	**Business Planning 2022/23** • SLT noted the detail as included within the paper recognising that work has been undertaken to develop Service Development Plans for all specialties and corporate areas underpinned by specialty level capacity plans. • SLT noted the work which is now required to develop robust activity plans and trajectories for delivery in line with the 2022/23 operational planning guidance. **Operational Planning guidance** • SLT noted the detail as included within the operational planning guidance and the plans which are in place to deliver the requirements. • SLT noted the risks associated with the 2022/23 operational planning guidance for the divisional teams including baseline capacity and the importance of triangulation and collaboration in order to deliver what is required. The need for robust clinical engagement was recognised given that there will be significant changes in delivery required within key areas. **Financial Planning guidance** • SLT noted the key messages as included within the draft financial guidance and the draft timetable with a first submission anticipated in March 2022. • SLT noted the importance of focusing on overall efficiencies and productivity to support delivery as well as ensuring that we are being clear around transformational changes.

Item for assurance	**Corporate Strategy – Quarter 3 Update** • SLT noted the update and the visibility of key areas of performance and future focused delivery. • SLT recognised the significant work which has taken place in quarter 3 and the clear need to ensure that momentum is maintained within quarter 4.
Item for assurance	**QEH Clinical Strategy** • SLT noted the detail as included within the Clinical Strategy and the importance of ensuring that it is used as a building block for delivery of the wider ICS Strategies. • SLT noted that the Clinical Strategy has been co-developed with our clinical teams and has been aligned to the organisational Service Development Plans for 2022/23. • The importance of maintaining and developing relationships with Cambridge University Hospital as well as the Norfolk and Waveney system was reiterated. • The Clinical Strategy will be used to inform the detail of the emerging Estates Strategy and Digital Strategy to ensure alignment. • SLT **approved** the Clinical Strategy subject to minor amendments. • SLT noted the importance of a clear communication and engagement strategy which will be developed and ready to roll out following approval by the Board of Directors.
Item for assurance	**Annual workplans – Quarterly update** • **Estates and Facilities** – SLT noted the significant work which has been undertaken in relation to modernisation of the Estate including the wider improvement work within Facilities. Thanks were given to the Estates and Facilities team for their on-going commitment. • **Women and Children** – SLT noted the detail of the improvements which have been made in relation to Culture within Maternity and the focus on development of a Charter as well as the development of the role of PMAs to support patients and staff. • **Digital** – SLT noted the positive work which has been done in relation to the roll out of EPMA and completion of the RIS and PACs upgrade project. The continued need for focus on Cyber and the Digital and Information Improvement Plans was recognised. SLT noted the work which is underway to develop a three year Digital and Information Strategy.
Item for assurance	**Staff Engagement Initiatives** • SLT noted the update paper with a clear focus on three main staff engagement initiatives including the extension of free staff car parking, discounted gym membership and

	free tea and coffee for all staff break rooms and hot food at night. • SLT recognised that there is a balance which will need to be maintained with the Staff Engagement initiatives and organisational delivery of the CIP for 2022/23. • SLT **approved** the Staff Engagement initiatives for 2022/23 for onward approval by the appropriate Committees.
Item for assurance	**Chairs Assurance Report (CAR) from Operational Management Executive Group (OMEG)** • No CAR received – SLT noted that OMEG was cancelled due to operational pressures.
	Elective Restoration and Improvement Plan – performance update • SLT noted the detail as included within the report. • SLT recognised that the impact of Covid and management of the current Omicron surge has impacted upon the focus on the work. However, meetings have been held virtually and focus has been maintained on Outpatient's utilisation, Diagnostics efficiency gains (with a focus on workforce) as well as improvements in booking. • The Divisional teams confirmed that they have made robust plans for reintroduction of the full elective programme and have a clear focus on monitoring and managing patients waiting up to 104 weeks. A clear focus on outpatients including follow ups has been maintained.
Item for assurance	**UEC Improvement Plan – performance update** • SLT noted that the UEC Forum was stood down in December and that the approach of the Forum has been reviewed and reimplemented. Additional support which is in place for UEC is now embedded within the Division to ensure robust ownership and oversight. • SLT noted the improvement in ED performance since the realignment of the bed base on New Year's Eve. A clear plan for de-escalation has been agreed and is now underway. A clear focus on discharge and making step changes in improvements is essential. Agreement and delivery of a sustainable plan will be key for 2022/23.
Item for assurance	**Integrated Performance Report** • SLT noted the IPR and the detail included within it. • SLT noted that moving forward key operational leads will speak to each of the IPR sections. • SLT noted the increase in Falls and Falls with harm and that plans are in place to review the current position and ensure that learning is being embedded. This has been identified as a key strategic priority for Year three of the Corporate Strategy.

	• SLT noted that ED performance within December was challenged and that work is needed to embed improvements including Virtual Ward. • SLT noted that whilst the routine elective programme had been paused in late December, there had been positive improvements seen in December. Detailed work is underway in relation to the Elective Recovery Fund alongside a clear focus on operational priorities including cancellations. • SLT noted the work underway within Diagnostics including within Breast Radiology to ensure that the demand is managed effectively as well as an on-site CT van to support management of the waiting list. SLT noted the improvements in reporting as a result of the RIS upgrade and that future reports to SLT will include a more holistic view of the diagnostic modalities. • SLT noted that the organisation's 2 week wait performance has deteriorated. Action plans are in place in order to ensure that significant performance improvements are made specifically in relation to Breast symptomatic. • SLT noted that the Trust remains on track to break even as at month 9 and that CIP delivery is on track. • SLT noted the deterioration in performance in relation to Mandatory Training and Appraisals due to operational pressures. The importance of improving performance in these areas was reiterated.
Item for assurance	**Assurance and Risk Executive Group Chair's Assurance Report (CAR)** • SLT noted the detail as included in the CAR. • SLT noted the two items of escalation including the proportion of staff who are not in date with data security training and divisional attendance at the Health and Safety Forum with a clear request to the teams for action in these areas. **Significant Risk Register** • SLT noted the detail as included within the significant Risk Register and that the Trust currently has 9 significant risks.
Item for assurance	**Clinical Governance Executive Group CAR** • SLT noted the detail as included within the CAR
Item for assurance	**Investment and Capital Planning Executive Group CAR** • SLT noted the detail as included within the CAR and the clear emphasis on development and delivery of a robust CIP programme for the remainder of this financial year and 2022/23.

Item for assurance	**Monthly Finance / CIP / Capital Update** • SLT noted the update as included within the paper and the key headline messages building upon the detailed update as provided within the IPR.
Item for assurance	**Financial Improvement Programme** • SLT noted the detail as included within the business case and the work which has been completed to date to develop the CIP for 2022/23.
Item for assurance	**Restoration Funding Delivery** • SLT noted the detailed work which is underway to manage delivery of the additional funding which has been allocated to the Trust to support delivery of the elective programme. • SLT noted that the plan is dynamic and that the delivery timescales are short. • SLT **approved the principle of developing** the additional schemes which have been identified. Further work will now be completed to develop the detail for each scheme to ensure delivery within the agreed timescales. • The governance route of initial approval by SLT and then Investment and Capital Planning Executive Group was noted.
Item for assurance	**Modernising the Estate programme** • SLT noted the detail as included within the paper **Managing traffic flow for the modular endoscopy units** • SLT noted the detailed consultation which has taken place and **approved** the traffic management plan as presented to support the ongoing works for the Endoscopy Unit. **RAAC year 2 + planning** • SLT noted the update as included within the paper • SLT noted that the Trust has received an informal notification of the Trust allocation and awaits formal notification. • SLT noted that a new national workstream Is underway focusing on the remaining national RAAC Trusts to explore extension of the lifespan of RAAC Hospitals. The Trust is fully engaged within the workstream.
Item for assurance	**Business Case for approval – E-Obs** • SLT noted the detail as included within the business case and the work which has been undertaken to date including

	discussion at the Digital Forum and the Investment and Capital Planning Executive Group. • SLT recognised the importance of the business case and the positive benefits which will be realised because of investment. • SLT **approved** the business case as presented with a mandate to pass on to the Finance and Activity Committee for consideration. • SLT thanked the team for the development of the case. **Business case for approval – WiFi controllers** • SLT noted the detail as included within the business case. • SLT **approved** the business case as presented with a mandate to pass on to the Finance and Activity Committee for consideration.
Item for assurance	**CAR People Executive Group** • SLT noted the detail as included within the CAR
Risks to refer to risk register	**None**
Other items of business	**None**
Items of Escalation to the Board of Directors	SLT confirmed escalation of the following items; • Escalation of the current levels of performance in relation to Urgent and Emergency Care, specifically ED performance and 12-hour breaches. • Escalation of the risk of not achieving the required performance standard of ensuring that no patients are waiting more than 104 weeks for treatment by the end of March 2022. • Escalation of the current levels of performance in relation to the 2 week wait and 2 week wait breast symptomatic Cancer performance. Remedial action plans are in place which are being closely monitored for delivery. • SLT agreed that clear organisational focus is needed to reduce the proportion of staff who are not in date with data security training • SLT reiterated the importance of divisional attendance at the Health and Safety Forum with a clear request to the divisional teams for action to ensure regular attendance.
Items of Assurance to the Board of Directors	SLT confirmed assurance in relation to the following items; • Approval of the organisation's Clinical Strategy for onward consideration by the Board of Directors • Approval of the E-Obs business case – recognising the importance of investment in this area

	• Approval of Wi-Fi controllers – recognising the underpinning necessity to invest in this area • Approval of the traffic management plan for Endoscopy to support the current construction plans.

Attendance record

Attendees:
C Shaw (until 13:50)
L Skaife-Knight (until 13:50)
F Swords
D Smith
A Webster
L Notley
C Benham
J Humphries
C West-Burnham
G Raghuraman
K Broome
L Lippmann
S Jones
M Burney
A Prime
N Hunter
S Harvey
N Hall
N Redwood
D McPartlin
S Bass
M Alexander
M Hughes
A Baines
H Lodge
L Barker
Amanda Price-Davey

Apologies:

In attendance:

E Mann – Minutes