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:	5 October 2021
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 **21 September 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 SLT meeting held on 24 August 2021.
Item for assurance	**CEO update** • Thanks given by the CEO to all members of Team QEH for their on-going commitment and hard work, recognising as a Trust how busy things are currently. • SLT noted the positive discussions at today's Oversight and Assurance Group with external stakeholders, including positive reflections from our Lead Governor. • SLT noted the importance of maintaining a clear focus on our internal priorities. • SLT noted that appropriate action will be taken against patients who are verbally abusive to staff and that comms to this effect has been shared across the organisation. • SLT noted that comms have been circulated to all staff recognising that any concerns raised will be taken seriously and there are mechanisms for staff to feedback. • SLT noted that the Performance and Accountability Framework (PAF) has been updated to reflect the latest guidance. The PAF has been agreed and the required changes in reporting at Performance Review meetings and within the IPR will now be implemented.

	• SLT noted that plans have been agreed to enable Private Practice to start from November 2021 for self-pay patients only at this point in time. • SLT noted that the Trust induction process has been redesigned and will be re-launched with clear emphasis on delivery of a weekly, on-site face to face induction supported by local induction. • All members of SLT are asked to reinforce with their teams that Declaration of Interest forms must be completed by all decision-makers within the organisation. This is an annual declaration which can be completed on ESR. Updates on compliance will be reported to DLTs to enable greater visibility of compliance, openness and transparency.
Item for assurance	**ICS update** • SLT noted the update as included in the report, including the agreed move towards creation of a Group model and shared Leadership Team across the three acute Trusts within Norfolk and Waveney. The next key date in the process is the forthcoming 13 Board tri-Board meeting. • SLT noted the recently published NHSEI guidance in relation to Place / ICS development and Provider Collaboration and the Trust response to it. • SLT noted that in future a monthly strategic Estates update will be brought through to SLT to ensure visibility, oversight and alignment of all key strategic Estates work. • SLT noted the continuing system wide transformation work which is underway within Urology, Dermatology, Musculoskeletal services and policy convergence and alignment.
Item for assurance	**New Hospital – Strategic Outline Case – Governance and Timeline options** • Thanks given for engagement in the two Expressions of Interest (EoI) which were submitted on 9 September. • Work continues to explore the long-list site options • It was proposed that the timeline for SOC approval moves back to February 2022 to enable completion of a high-quality case. SLT **approved** the proposed change in timescales. • Recognising the importance of delivery of key estates priorities, senior resource has been identified to support delivery of strategic estates projects to ensure that modernisation of our estate takes place in a robust and timely manner.
Item for assurance	**Digital Improvement Plan** • The detail as included within the Digital Improvement was noted and **approved**

	• Further work will be done to ensure that the Improvement Plan is monitored in line with other organisational Improvement Plans also ensuring that there is clear visibility of performance metrics. • Thanks given to the Head of Digital for their work on the Improvement Plan recognising that the engagement to develop this plan has been robust.
Item for assurance	**Chairs Assurance Report (CAR) from Operational Management Executive Group** • SLT noted the detail as outlined within the CAR. • Elective Restoration and Improvement Plan – improvement in Day case activity noted including the improvements in the booking process. • Urgent and Emergency Care – SLT noted the roll out of Safer and improvements in performance. • SLT noted the improvements planned within the Stroke pathways of care.
	Elective Care Improvement Programme Update • SLT noted that there is a confirmed clinical lead for all identified projects. • SLT noted that elective performance is in line with other peers. • SLT noted that further work must be undertaken in relation to Diagnostics. • Achievement of performance noted in relation to key Cancer access standards. • SLT noted that the Trust has been successful in being awarded early adopter funding which will support management of the Diagnostics backlog. CSS advised that they have robust governance and oversight in place. • SLT noted the positive work which has been done within Surgery in relation to improving booking processes and the continuation of the elective plan for the benefit of patients. • SLT noted that significant work has been done in relation to Outpatients and alignment of job plans to ensure maximum use of available capacity. • SLT noted the stretch trajectory which has been agreed for Cancer > 104-day waiters. It was confirmed that achievement of the trajectory is achievable. • SLT **approved** the request for external support to drive forward delivery of the UEC Improvement plan, recognising that external funding is available to support the proposed appointment. • SLT reinforced that buy-in and engagement from all divisional teams is essential to ensure that improvements are embedded and sustained.

Item for assurance	**UEC Improvement Plan** • SLT noted that there is a confirmed clinical lead for all identified projects. • SLT noted that the agreed ward relocation work is almost complete with a current focus on achievement of a combined assessment area. • SLT noted that work continues with IC24 to ensure consistent usage of out of hours capacity. • SLT noted the improvement in performance in relation to pre-noon discharges. • SLT recognised that delivery of Urgent and Emergency Care improvements is challenging within the current environment but that resource and processes are in place to support improvement delivery, including focusing on cultural change.
Item for assurance	**Winter Plan** • SLT noted the first draft of the winter plan which has been produced collaboratively by the Divisional Leadership Teams. • SLT noted the next steps and the need to ensure robust engagement and communication with external stakeholders to ensure that there is visibility of the pressures and management of risk across the system. • SLT challenged whether the plan is ambitious enough, noting that the plan is for the Divisional teams to own. • SLT noted that further work is required on the plan to ensure that there is granular detail and associated costings. • SLT agreed that an extraordinary meeting will take place chaired by the COO to approve a costed version of the winter plan to be presented to the Finance and Activity Committee in October 2021. • SLT **did not approve** the winter plan in its current format.
Item for assurance	**Integrated Performance Report** • SLT noted the positive improvement in management of SIs over the last 3 months • SLT noted that IP&C data was not included within the report. A verbal update was given by the Deputy Chief Nurse. • SLT noted the improvements as articulated within the Effective domain, recognising that mortality data (Dr Foster) was unavailable for the report. • SLT noted the continued delivery of strong performance in relation to responsiveness to complaints and Dementia Case Screening. • SLT noted the organisational issues in relation to delivery of performance against access targets, recognising the national pressures.

	• SLT noted the on-going issues in relation to reporting of Radiology activity aligned to the migration to a new Radiology Information System. A reporting solution is anticipated by the end of this week. • SLT noted achievement of the financial plan and CIP plan up to month 5. • SLT noted the verbal update on workforce metrics as provided by the Director of People including the clear actions in relation to reviewing processes and policies in relation to management of sickness absence.
Item for assurance	**Assurance and Risk Executive Group Chair's Assurance Report (CAR)** • SLT noted that the group did not meet in August therefore there was no CAR for consideration. **Significant Risk Register** • SLT noted the detail included within the paper including the planned review and update at the Assurance and Risk Executive Group on 21/09/21 of the risks associated with access to treatment. • SLT requested further work to ensure that organisationally we are able to be agile in relation to risks as and when they arise.
Item for assurance	**Clinical Governance Executive Group CAR** • SLT noted the CAR and detail included within them. • SLT noted the specific issues and improvements as pulled out of the report and the approval of the Clinical Audit plan.
Item for assurance	**Investment and Capital Planning Executive Group CAR** • SLT noted the CAR and detail included within them.
Item for assurance	**RAAC Business case** • SLT noted the update as presented including the timescales for the start of the work to develop the Endoscopy Unit and complete the moves to Churchill Ward. • SLT noted that the request for year 2 and year 3 capital funding is being completed. • SLT reiterated the importance of ensuring that there are clear communications around the work across the organisation, supported by ambassadors representing all levels of the organisation.

Item for assurance	**MRI replacement business case** • SLT noted the detail included within the business case and the importance of agreeing a sustainable solution in relation to MRI capacity. • SLT **approved** the preferred option of replacement of one MRI scanner this year and one MRI scanner next financial year, recognising that work continues to confirm available external funding via the ICS / national elective recovery funding routes which could enable replacement of both MRI scanners this financial year. • SLT **approved** the business case for onward consideration by the Finance and Activity Committee.
Item for assurance	**Monthly Finance / CIP / Capital Update** • SLT noted that CIP and financial plan delivery is on plan for H1 as at month 5. • SLT noted that H2 planning guidance has yet to be received, however it was recognised that delivery expectations will increase. • SLT noted that focused external resource has been sourced to support delivery of the CIP programme. • SLT noted that capital delivery is behind plan, but processes are being put in place to ensure delivery by the end of the financial year. • SLT thanked the finance team for their on-going commitment and support
Item for assurance	**CAR People Executive Group** • SLT noted the CAR and the detail included within them.
Risks to refer to risk register	**None**
Other items of business:	**None**

Attendance record **Attendees:** C Shaw L Skaife-Knight D Smith C West-Burnham N Hunter S Balmford G Raghuraman N Redwood L Lippmann

F Swords
S Jones
M Alexander
J Humphries
L Barker
M Burney
A Prime
J Dawson
C Benham
L Notley
N Berns
K McGuire
N Hall

Apologies:
K Broome
S Harvey
G Hardy
K Strong

In attendance:
E Mann (Minutes)