Agenda item: 19e

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:	7 December 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 **16 November 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 19 October 2021
Item for assurance	**CEO update** • CS extended her thanks to all of the teams who are working very hard across the Trust recognising the pressures which are on the organisation in terms of delivery. • CS noted that there are a number of very positive actions which have been achieved over recent months and all members of the SLT need to recognise this and reflect on this with their teams. • CS noted that it is anticipated that the CQC will visit the Trust prior to Christmas and as such it is essential that we maintain the positive work which has been achieved to date.
Item for assurance	**ICS update** • The content of the report was noted including the update on Acute Provider Collaboration and Place Based care. • SLT noted the Board approved mandate to move forward with an agreed governance model (model 3) in relation to development of the Group model alongside the appointment of a Programme Director to drive the work forward.

	• SLT recognised the agreed direction of travel and the changes which would take place in relation to senior leadership within the Trust. • SLT confirmed that it is essential that a clear focus on maintaining operational grip and control is maintained in order to ensure that as a Trust, we deliver the improvements which have been made and which are needed for our local population in relation to Quality / Patient Safety / Finance etc • SLT recognised the importance of ensuring that local site leadership is robust and fully engaged within a Group model.
Item for assurance	**Business Planning 2022/23** • The content of the report was noted. • Thanks were given to the wider Corporate and Divisional teams for their engagement in completion of the Service Development Plans which will inform the business plan for 2022/23. • SLT noted that the next steps include; - Undertaking robust activity / demand and capacity modelling which must be owned by the specialty teams - Alignment of the demand and capacity work with workforce requirements including agreement of Job Plans - Undertaking a robust budget setting process for 2022/23 - Development of a clear plan for delivery of CIP for 2022/23 • SLT noted that business planning is being undertaken in the context of the current system-wide and organisational financial position. • SLT noted that confirm and challenge sessions would be held in Quarter 4 for all corporate and specialty areas.
Item for assurance	**Finance Strategy** • SLT noted that as part of the Trust's undertakings, there is a formal requirement for the Trust to have a clear finance strategy. • The detail of the strategy is being worked through with presentation of a first draft to F&A in November. • It was agreed that SLT would receive sight of the detail at the forthcoming meeting in December 2021.
Item for assurance	**Quarterly Update – Better Hospitals Team** • SLT noted the four key internal priorities of focus for the Better Hospitals Team including Ophthalmology, Maternity, Radiology and Information Services alongside supporting UEC and Elective Recovery.

	• Moving forward, a key strand of work for the BHT will relate to Strategic Estates which will include RAAC / Delivery of the West Norfolk Eye Centre etc • SLT noted the positive work which is on-going in relation to QI training across the organisation and the linkages with the system-wide work. • It is recognised that the BHT needs to look different for the next financial year with a focus on; - Operational support - Strategic Estates - Digital • SLT noted that a pragmatic approach is needed in relation to QI including agreement as to how staff who have undergone QI training are using their skills. Quality is everyone's business and as such responsibility sits with all teams. • SLT noted that the agreed way forward will inform the next steps for the organisation following the completion of the Integrated Quality Improvement Plan.
Item for assurance	**Chairs Assurance Report (CAR) from Operational Management Executive Group** • SLT noted the verbal CAR with paperwork to follow • SLT noted the focus on CQC preparation which has been undertaken with the Divisional Leadership Teams. • SLT noted the update on the Community Services review and Acute Therapy Service review. • SLT noted that the PAS options appraisal had been received by OMEG and that four options were considered. Option 2 was approved by OMEG. This will include an upgrade to Patient Centre and maintenance of RTT data collection as is whilst staff upskilling is undertaken.
	Elective Restoration and Improvement Plan – performance update • SLT noted that good progress is being made in relation to elective activity delivery. SLT noted that this is supported by the move of IVTs have back to DSU. • SLT noted that outpatients is behind plan, recognising that there are some gaps in medical workforce and some Estates constraints which are impacting performance. • SLT noted the positive work which is underway in relation to Advice and Guidance and PIFU and the need to build upon this. • SLT noted that Radiology reporting has been reinstated following the RIS upgrade in August 2021. • SLT supported the clear emphasis on timely recording of activity by all clinical and operational teams. • SLT noted that there has been a positive change in relation to how patients are being booked following a focused improvement project within this area.

Item for assurance	**UEC Improvement Plan – performance update** • SLT noted that the Trust is on track to introduce the primary care co-located service in the first week of December. SLT noted that funding is only in place to the end of March 2022 and that work is underway to seek to develop a sustainable funding solution. • SLT noted that the roll out of SAFER is well underway and that there is a clear focus now on embedding this key work. • SLT noted the updates as received from the Divisional Leadership Team recognising the practical internal improvements which are being implemented to improve ways of working during winter.
Item for assurance	**Mortuary Security** • SLT noted the update as received including the Trust's response to the recent national requirements • SLT noted the work which had been completed to ensure that robust processes and policies are in place • SLT noted the verbal update from the Medical Director in relation to the visit from the Coroner on 11 November and the positive feedback received re the processes which are in place in relation to Learning from Deaths and the arrangements which are in place within the Mortuary.
Item for assurance	**Integrated Performance Report** • SLT noted the detail as included within the report and the exceptions as highlighted by the CDIO • SLT requested that work is undertaken by the CDIO to refine the content and length of the report in partnership with the domain owners and operational narrative writers • SLT noted the operational pressures including the request for the operational teams to maintain a clear focus on delivery of Stroke targets • SLT noted the positive delivery in relation to the financial plan with detailed discussion on the requirement for continued focus and delivery to ensure that organisationally the plan is delivered for this financial year and beyond • SLT noted the verbal update in relation to workforce metrics including the need to focus on delivery of Mandatory Training. The increase in sickness absence to 7.22% was noted including the requirement to ensure that there are robust processes in place for the management of both short-term and long-term sickness absence across the organisation • SLT **requested** that OMEG review the current processes for reporting of Divisional information and updates to SLT to ensure that there is a robust process in place which avoids duplication with the Divisional Boards and Divisional

	Performance Review Meetings and ensures that the Divisional voice is heard at SLT.
Item for assurance	**Assurance and Risk Executive Group Chair's Assurance Report (CAR)** • SLT noted the detail as included in the CAR. • SLT noted that the risk in relation to timely access of care has been reviewed and updated **Significant Risk Register** • SLT noted the content of the report which focuses on the organisation's 11 significant risks including 2 principal risks
Item for assurance	**Clinical Governance Executive Group CAR** • SLT noted the proactive work which is underway to review policies and procedures within specific areas within the Trust and thanked CGEG for their focus • SLT noted the need to ensure that the balance of managing operational demands is done in line with maintaining robust governance oversight • SLT **agreed** that following the forthcoming CQC visit, the meetings' structure would be reviewed in order to ensure absolute clarity and to reduce duplication • SLT noted the positive outcome of the recently published Cancer Patient survey
Item for assurance	**Investment and Capital Planning Executive Group CAR** • SLT noted that the date of the next I&CPEG is 17th November therefore no CAR was received • SLT noted that a business case in relation to theatres staffing for development of an additional theatres team will be presented at the 17th November meeting and, if approved, will require SLT approval in December 2021.
Item for assurance	**Monthly Finance / CIP / Capital Update** • SLT noted achievement of the month 7 financial and CIP delivery plan • SLT noted that detailed work is now in train to support CIP delivery for the remainder of this financial year and to ensure that there is rigour in place for 2022/23 • SLT **requested** that a formal monthly update in relation to the CIP plan and delivery is presented to SLT moving forward

Item for assurance	**New Hospital Programme Update** • SLT noted the content of the paper and the work which has been done in relation to appraising the shortlisted four options. • SLT noted that a confirm and challenge meeting with NHSEI is planned prior to approval of the preferred option being taken through internal governance processes • SLT noted the update in relation to the national Expressions of Interest and the planned announcement in spring 2022 • SLT **approved** the recommended preferred option for onward development in the next stage of the SOC process.
Item for assurance	**RAAC business case update** • SLT recognised that the update as presented is in relation to modernisation of the wider Trust Estate, not just RAAC • SLT noted that work on the Endoscopy Unit continues. Timescales for completion have yet to be confirmed subject to receipt of formal approval for removal of trees • SLT noted that work is on track for the completion of the Churchill works by Christmas 2021 • SLT **requested** that a formal update in relation to the finances for the over-arching programme is prepared for presentation to the December meeting • SLT recognised the need to ensure that there is a robust comms and engagement process for all staff • SLT noted the work which has been undertaken in relation to prioritisation for years 2 and 3 for RAAC. SLT recognised that the plan for years 2 and 3 is ambitious and will require a significant allocation of capital.
Item for assurance	**CAR People Executive Group** • SLT noted the report as presented **Integrated Staff Wellness tender** • SLT noted the detail as included within the paper including the process which has been undertaken to agree the options which are available to the Trust • A detailed discussion took place in relation to the paper with a focus on ensuring that the service which is delivered for the Trust delivers what our staff require, including clarity in relation to KPIs and deliverables • SLT **approved** the direction of travel with the option of development of an SLA with NNUH whilst retaining the existing wraparound services which are in place. • SLT **requested** clarity around the KPIs and monitoring arrangements. • SLT **requested** clarity as to how the posts which are currently funded by Charitable Funds will be funded moving forward

	and assurance that these posts will not be transferred across to NNUH. • SLT **requested** that the financial assumptions are reviewed in order to ensure that they are realistic.
Risks to refer to risk register	**None**
Other items of business	**None**
Items of Escalation to the Board of Directors	• The Board is asked to note the outcome of the mortuary assessment and compliance with the national requirements • The Board is asked to note that work is underway to refine the Corporate Strategic Objectives and deliverables for year 3 of the Corporate Strategy in order to inform the 2022/23 business planning process • The Board is asked to note the continued focus on UEC and Elective Recovery • The Board is asked to note the focus on financial delivery and recovery for this financial year and the clear focus on development of robust plans for 2022/23 • The Board is asked to note the robust discussion in relation to the Staff Wellbeing Service tender and the need for clear KPIs and deliverables
Items of Assurance to the Board of Directors	• The Board is asked to note the planned year-end financial position and that a focused approach to CIP for 22/23 is required and is being implemented • The Board is asked to note the assurance in relation to operational performance and plans but to note that work is underway to review the IPR and how performance is reported • The Board is asked to note that the organisation is as ready as it can be for the forthcoming CQC visit and that a clear focus on this is in place

Attendance record **Attendees:** C Shaw L Skaife-Knight D Smith C Benham J Humphries C West-Burnham A Webster F Swords S Jones G Raghuraman

A Prime
N Hunter
S Harvey
N Berns
N Hall
M Hughes
C Castleton
N Redwood
A Baines
K McGuire
D McPartlin

Apologies:
K Broome
L Lippmann

In attendance:
E Mann – Minutes
B Flounders – Item 18
R Kinnersley – Item 18