Agenda item: 24e

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:	2 February 2021
Title of Report:	Chairs 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 **15 December 2020**.
Background:	The Committee 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.
CEO update	Thanks were given to all members of TeamQEH for their on-going support and commitment at this difficult time operationally. SLT were updated regarding the forthcoming publication of the formal outcome of the CQC visit. It was recognised that as a system we remain challenged with regard to our A&E 4-hour performance and that given the position with COVID, clear focus is needed in this area to ensure that we continue to deliver safe patient care. Members of SLT were encouraged to take the opportunity of the Christmas break to rest and to ensure that this message is passed to all staff. It was noted that 2021 will be an exciting year for the Trust as we move forward. Thanks were given to Phil Tydeman for his support and commitment to the Trust in his role as the Director of Transformation and the positive impact which he has had - he will be greatly missed by the organisation.
COVID-19 update	The current position was noted, including the significant pressure which is currently present in the local and national system and

	the increasing numbers of COVID-19 positive inpatients being treated within the Trust. The key priority is to ensure delivery of safe care and thanks were given to all staff. The Medical Director noted that discussions are on-going with the clinical teams in relation to risk thresholds. SLT noted that COVID-19, COVID-19 recovery, winter planning and the implications of EU Exit are being operationally managed together.
Business Cases	• Room booking tool – business case approved subject to a final discussion with the Digital team to confirm that all Digital requirements have been identified. • Service Provider List / Order Comms – business case approved. • Single Sign on – business case approved subject to review of the benefits realisation section prior to submission to Trust Board. To be completed by the Director of Finance and the Head of Digital. • Oral Surgery – business case approved.
Chairs Assurance reports	Chairs Assurance reports were received and noted; - Clinical Governance Executive Group – no items for escalation - Assurance and Risk Executive Group – it was noted that clear actions are needed to ensure that all risks are reviewed and up to date - Medicine Divisional Board – no items for escalation - Surgical Divisional Board – no items for escalation. The focus on Cancer 104 day / 62 day and 18-week 52-week waits was noted - CSS Divisional Board – no items for escalation. The positive addition of CT capacity was noted. - Women and Children Divisional Board – Community midwifery capacity was highlighted. It was noted that there is a longer-term plan which has been articulated and that this needs to be picked up via the 21/22 business planning round.
November 2020 performance Update (IPR) – exception updates	SLT noted the exception updates for all domain areas. SLT were not assured by the current mortality ratios and weekend mortality position, but noted the actions which were being taken including an independent review. SLT noted the special cause improvement for Dementia Case Finding, however this remains under the Trust target. SLT were not assured by the current position for 18-weeks / 52 week waits / 62-day cancer RTT / 104 day waits / Diagnostics but

	noted the proactive work which is on-going within the Operational Divisions aligned with the national COVID Phase 3 recovery and restoration requirements. SLT noted the positive financial performance up to month six. SLT noted the position in relation to the key People metrics and the impact of COVID-19 in this area. It was reiterated that all staff in Corporate areas (non-patient facing) must ensure that they are compliant with their mandatory training requirements.
Business Planning 2021/22	SLT noted the report detailing the update for Business Planning for 21/22. This work has been led by divisions at a service level, with a triumvirate approach. The template used is aligned to JPUH to inform wider system work and HIP 2 conversations. Prioritisation of all business plans is now taking place as per discussion and agreement at November's SLT confirm and challenge session. The outputs of this process will be presented to January's SLT. SLT noted the ambition to have biannual business planning cycles and that each business plan should document the aims and ambitions of the service for 21/22 to plan for this. It was noted that this process will ensure that business cases are only presented twice a year.
Emergency & Urgent Care Improvement Plan	This item was deferred to January's meeting. It was noted that the PMO would be supporting this work going forward and that a robust governance process would be implemented including the introduction of a Programme Board to drive delivery. Strong representation would be required from the Divisional teams.
Complaints Transformation Plan	It was noted that given the current performance with regard to timeliness of response rates to Complaints, further focus and rigour is needed. It was recognised that complaints give us an opportunity as an organisation to reflection the work that we are doing. We need to ensure that we are effectively communicating with patients and relatives. It was agreed that the previous structures to support delivery of timely responses to complaints would be reinstated, supported by a weekly focus by the Chief Executive. SLT approved the framework for implementation.
Diagnostic Assessment Centre – Update	SLT noted the update. It was noted that the clear steer from NHSE/I is for the overall DAC budget to now be in line with the original SOC - £70 million. This will require all options to be reviewed.

	It was noted that having a DAC in West Norfolk is essential and we must ensure that this message is clearly articulated to the Programme.
Internal Strategic Update – HIP Programme	SLT noted the update with work on-going to develop the Strategic Outline Case. This work is being done in parallel with regional colleagues to manage the wider estate and RAAC plank issues.
Better Hospitals Programme	The update paper was noted specifically the plans for 21/22. It was recognised that this framework will provide us with a robust mechanism to drive delivery of the work forward.
Culture	SLT noted the 'April Strategy' update and the plans for roll out of further training and development in this area across the organisation.
November 2020 Finance / CIP update	SLT noted the month 8 position. SLT noted that a focus is needed to ensure CIPs and efficiencies are delivered.
Acute Procurement Collaborative Compact	SLT approved the Compact to go to Trust Board.
STP Update	SLT noted the report detailing the Norfolk and Waveney Hospital Group Committees work, the Hospital Services Strategy work and the on-going discussions in relation to development of an Integrated Care System and Place Based care.
Significant Risk Register	SLT noted the report of the 14 significant risks. SLT were assured in relation to the processes which are in place for the review of moderate and high risks. SLT received confirmation that all risks on the register are correct for the organisation.
Risks to refer to risk register:	None
Issues to escalate:	None

Attendance record

C Shaw	(CS)	CEO, (Chair)
C Benham	(CB)	Director of Finance
C O'Brien	(COB)	Director of Patient Safety
C West-Burnham	(CWB)	Director of Strategy
C Castleton	(CC)	HRD
P Tydeman	(PT)	Director of Transformation
F Swords	(FS)	Medical Director
A Brown	(ApB)	Chief Nurse
K Jackman	(KJ)	Divisional General Manager - Women & Children
S Harvey	(SH)	Divisional General Manager – Medicine
M Burney	(MB)	Divisional General Manager - Clinical Support Services
J Donovan	(JD)	Divisional General Manager - Surgery
N Hunter	(NcH)	Associate Director of Estates & Facilities
N Hall	(NgH)	Head of Digital Services