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 April 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 **23 March 2021.**
Background:	The Senior Leadership Team meets monthly and provides 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	**COVID-19 Update** The group noted the COVID-19 update with the notable decrease in numbers of inpatients and ward configuration, alongside the sustained increase in the number of staff, healthcare professionals and members of the public vaccinated at QEH's Vaccination Hub. The development of plans in relation to restoration including a clear focus on staff health and well-being was noted.
Item for assurance	**Chair's Assurance Reports** Detailed discussion in relation to the reinforcement of the tactical planning / operational delivery and monitoring governance structure from April 2021 which will see strengthened reporting from the confirmed Executive groups into Senior Leadership Team. The Terms of Reference for all Executive Groups and underpinning forums are being confirmed and will be in place for 1 April 2021. The Chair's Assurance Reports from each area were noted with escalation of issues. - Operational Management Group; No issues to escalate - Assurance and Risk Executive Group; No issues to escalate - Clinical Governance Executive Group;

	National assessment in April, therefore the importance of being up to date with transfusion training is essential. A Never Event occurred in February in Surgery within ophthalmology. Concerns in relation WHO checklist compliance – focused resource is being identified within Surgery to support trust wide compliance. Learning from Deaths Forum – representation from all divisional teams is key. - Investment and Innovation Executive Group; Noted that the forums underpinning the I&IEG are being refreshed and wider engagement will be sought. Noted the response to the RAAC plank issues within Critical Care and operational plans to resolve. - People Executive Group; No issues to escalate Noted that the forums underpinning the PEG are being refreshed and wider engagement will be sought.
Item for assurance	**SO1 To consistently provide safe and compassionate care for our patients and their families** The group noted the Integrated Performance Report; - Focus on re-opening elective care capacity and ensuring that there is a robust grip on management of pathways of care alongside effective communication with our local population. Clear plans are in development for all areas of planned care delivery. These plans are owned by the operational teams and will be monitored weekly moving forward. - SLT were not assured by the current level of performance in relation to complaints. Focused action and a clear Trust wide focus on the management of the complaints process is required by seeking to resolve complaints at the earliest opportunity and improve communication with complainants. - SLT were not assured by the current level of performance in relation to Mandatory Training and Appraisals. A step change in relation to mandatory training and appraisal compliance is required across the organisation. - Improvements in sickness absence were noted and thanks given to the teams for proactively managing the required processes. The group confirmed the Year 2 Corporate Strategy and high-level priorities as approved by the Board of Directors including confirmation of the agreed KPIs in relation to smoking cessation. The group signed off the Women's and Children's workplan which underpins delivery of the Corporate Strategy. The group noted the detailed governance structure in relation to elective restoration and the plans which are in development to support relocation of red ED and the closure of currently open escalation wards.

	The group noted the principles in relation to the proposed changes to measuring urgent and emergency care activity as set out by NHSE/I.
Item for assurance	**SO2 Modernising our Hospital (Estate, Digital, Infrastructure and medical equipment to support delivery of optimal care)** The group noted the Diagnostic Assessment Centre update and the plans for finalisation of the estate solution to enable the programme of work to move forward. The group noted the Better Hospital Team update and reinforced governance structure to support delivery with a clear focus on the agreed delivery priorities including supporting elective recovery and restoration. The group noted the strategic project update and that the Cancer Health and Wellbeing Centre is on track for a scheduled completion date of the end of April 2021.
Item for assurance	**SO4 – working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability** The group noted the financial performance year to date and plans for delivery at year end. The group noted the papers presented in relation to financial planning for 21/22 and the clear expectations in relation to management of budgets and delivery of the CIP target of £6 million for the year. Senior Leadership Team noted the positive results at year end including; - CQC improvements (December 2020 report) - Improved National Staff Survey outcomes - Improved Medical Engagement Score outcomes - Planned achievement of the organisation's financial plan and Cost Improvement programme with robust plans in place as we move into 2021/22 - Confirmation of the organisation's priorities and KPIs to underpin delivery of year two of the Corporate Strategy The group noted the STP update including Provider Collaborative and the organisational desire to ensure a clear focus on delivery of our internal priorities including Place is retained whilst responding to the opportunities which the proposed changes will bring.
Item for assurance	**SO6 Maximising opportunities for our staff to achieve their full potential** The group noted the positive outcomes for the National Staff Survey 2020 and the Medical Engagement Survey and the development of action plans to support improvements as required. The group noted the update in relation to the culture and

	modernisation work which is underway within Radiology and proposed timescales.
Risks to refer to risk register	None
Other items of business:	Further to approval at Clinical Governance Executive Group, the following new ways of working were approved; - 24 hour stay day case total hip replacement, uni-compartmental knee replacement

Attendance record		
C Shaw	(CS)	CEO (Chair)
L Skaife-Knight	(LSK)	Deputy CEO
N Berns	(NB)	Divisional Director - CSS
C Benham	(CB)	Director of Finance
F Swords	(FS)	Medical Director
L Notley	(LN)	Director of Patient Safety
L Barker	(LB)	Head of Nursing - Surgery
F Swords	(FS)	Medical Director
E Tabay	(ET)	Chief Nurse
S Harvey	(SH)	Divisional General Manager – Medicine
K Jackman	(KJ)	Divisional General Manager – W&C
M Burney	(MB)	Director of Transformation
J Donovan	(JD)	Divisional General Manager – Surgery
F Rose-Smith	(FRS)	Interim Divisional General Manager - CSS
S Bass	(SB)	Divisional Director - Surgery
N Hall	(NH)	Head of Digital Services
Jo Humphries	(JH)	Director of People
Nichola Hunter	(NH)	Deputy Director Estates and Facilities
K McGuire	(KM)	Head of Nursing – Medicine
Carly West-Burnham	(CWB)	Director of Strategy