The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 May 2021	**Agenda item:**	9
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
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Executive Sponsor:	Carmel O'Brien – Chief Nurse Denise Smith – Chief Operating Officer		

Implications

Link to key strategic objectives
[highlight which KKSO(s) this recommendation aims to support]

KSO1	**KSO2**	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	*Staff engagement*	*Partnership working, clinical and financial sustainability*	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework	KSO 1 KSO 2	
Significant risk register	2592, 2699, 2703, 2199, 2634, 2679, 2643, 2244, 2483, 2793, 2757, 392, 2343,	
	Y/N	If Yes state impact / implications and mitigation
Quality	Y	
Legal and regulatory	Y	
Financial	Y	

Assurance route

Previously considered by:	Assurance and Risk Executive Group (AREG) Board Sub - Committees

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	The Board Assurance Framework (BAF) is to be received by the Board for assurance.
Summary of Key issues:	The Trust's BAF reflects the 6 Key Strategic Objectives identified as part of the Corporate strategy. Each of the Key Strategic Objectives has a 'Principal Risk' and Significant Risks (those scoring 15 or above) aligned to the most relevant Key Strategic Objective. Risks aligned to the Quality Key Strategic Objectives 1 and 2 are overseen by the Board Committees as shown below: • KSO1 – QUALITY — Quality Committee • KSO2 – QUALITY — Finance & Activity Committee Each one page BAF section includes the Key Strategic Objective, relevant risk appetite statements, target risk ratings, Principal Risk, aligned Significant Risks, rationale for principal risk rating, controls and assurances, gaps in assurance, emerging risks and opportunities.

	The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director. There were three significant risks that were downgraded at the Assurance and Risk Executive Group on 20 April 2021; • Risk ID 2483 – KSO 1 - Quality CQC Section 31 and Section 29A Risk of further regulatory notices – the likelihood of this risk was downgraded from Likely (4) to Possible (3), in light of written notice being received of 10 more section 31 notices being removed by the CQC. This risk is now scored at 12, meaning it is no longer considered a significant risk. • Risk ID 2699 – KSO 1 – Quality Risk to Service Delivery during COVID-19 Pandemic - the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of the continuing reduction in the number of COVID-19 positive inpatients. This risk is now scored at 10, meaning it is no longer considered a significant risk. • Risk ID 2703 – KSO 1 – Quality Risk of COVID-19 Pandemic affecting staffing levels in Medicine – the likelihood of this risk was downgraded from Possible (3) to Unlikely (2), in light of both the improving local and national position in relation to COVID-19, and the improving staffing position within the Medicine Division. This risk is now scored at 10, meaning it is no longer considered a significant risk. There were two risks that were approved for addition to the Trust significant risk register: • Risk ID 2849 - Unavailability of digital clinical systems due to a cyber incident. It was proposed that this risk supersede and replace risk 2343 on the significant risk register, as part of a re-design of the cyber risk register. This risk was approved for addition to the significant risk register, with a grading of Major (4) x Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will be aligned to KSO 2 – Quality. • Risk ID 2853 - Clinical or other personal confidential data is stolen as a result of a cyber incident. This risk was approved for addition to the significant risk register, with a grading of Major (4) x Likely (4) = 16. As the risk is in relation to the Trust's cyber activity, it will also be aligned to KSO 2 – Quality. There was one risk that was approved for closure and removal from the Trust significant risk register: • Risk ID 2343 – The threat of the Trust's day to day operations being compromised by Cyber Crime. As indicated above, this risk will be replaced by the newly designed risk ID 2849.

	Updates for KSO 1; 1. Controls in Place; • New revised IQIP launch in March 2021. • Lead Nurse for Palliative and End of Life care commenced in Post March 21 2. Future opportunities: • Newly redesigned End of Life team commenced March 21, to support identification and support of terminal patients. Updates for KSO 2; 1. Controls in Place; • Ward review and bed modelling has been undertaken to understand the inpatient bed requirement to deliver 92% occupancy. A ward configuration plan has been agreed, and implementation plan being developed. The Principal risks have been reviewed and approved by the relevant Executive as well as at AREG. Their grading remains unchanged; For KSO 1 Risk ID 2592 is the Principal Risk rated 16. For KSO 2 Risk ID 2757 is the Principal Risk rated 16. Changes to the Key Strategic Objectives have been highlighted in yellow. As agreed at April's Trust Board, highlighted changes will be discontinued and replaced with a brief summary of changes within the report. This will be in place from May onwards and reflected in the BAF papers for June's Trust Board.
Recommendation:	The Trust Board is asked to: • Note the current position relating to the BAF and Significant Risks aligned to the BAF
Acronyms	BAF - Board Assurance Framework

KEY STRATEGIC OBJECTIVE 1 – QUALITY

EXECUTIVE OWNER: **Chief Nurse** | **DATE LAST REVIEWED:** **April 2021**

RESPONSIBLE COMMITTEE: **Quality Committee** | **NEXT REVIEW SCHEDULED:** **May 2021**

Strategic Objective
To consistently provide safe and compassionate care for our patients and their families

Risk Appetite We have a **VERY LOW** risk appetite for risks which may compromise safety.
We have a **LOW** risk appetite for risks which may affect our patients' experience of our services

Initial Risk Rating: 5(C) x 3 (L) = 15
Current Risk Rating: 4(C) x 4 (L) = 16
Target Risk Rating: 1 - 5
Risk behaviour: AVOID - MINIMAL

Principal Risk – 2592 (16)
There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:

- Outcomes
- Safety
- Experience

Aligned Significant Risks
2699 COVID-19 (15) Trust-wide
2703 COVID (15) Medical division
2199 A&E Performance (15)
2634 Cancer waiting (16)
2679 End of life care (16)
2643 Diagnostic Imaging (16)
2483 Reputational damage associated with CQC regulatory notices (16)
2793 Risk of inconsistent care needs delivery (16)
2244 Risk of patients presenting with acute mental health needs remaining in ED for prolonged periods (16)

Rationale for Current Risk Score

- 9 of 14 of Trust's current significant risks aligned to this objective
- Trust in Special Measures & and outstanding CQC conditions.
- Trust below target against majority of KPIs associated with quality and safety
- Trust below target against majority of KPIs associated with operational performance
- Trust consistently below target against majority of KPIs associated with patient experience
- Very high demand for services & Trust running at high capacity
- Delayed transfers of care continuing to exceed national standard
- Improving compliance with standards and policies
- Sub-optimal pathways and variable flow through the organisation
- COVID-19 risks continue

Emergent Risks

- Increased backlog of patients needing diagnostics and therapeutic procedures.
- Increasing non elective and Covid related demand leading to high occupancy and patient moves to align to red, amber or green patient pathways.

Future Opportunities

- Development of closer partnership working in STP and with other partners
- Partnership working with NNUH and CCG to support palliative care
- Special Measures funding secured for 'Preparing for High Performance'
- Newly redesigned End of Life team commenced March 21, to support identification and support of terminal patients.

Assurance

- Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 42 of 46 conditions internally closed. 83% of all CQC conditions, must dos and should dos have been internally approved by EAG and moved to business as usual.
- Assurance received from CCG regarding Infection Control (amber to green) October 2020
- Documentation Audit of Fundamentals of Care has given positive assurance relating to consultant reviews, VTE prescribing and communication with relatives
- Infection control Board level self-assessment NHSI/E – August & November 2020
- Improved ratings of 6 core services from unannounced CQC visit.
- Improved non-elective performance as well as a reduction in ambulance offload delays.

Controls in Place

- Substantive Executive team & Divisional Leadership Teams in place
- Integrated Quality Improvement Plan and associated performance management structure in place. Prioritisation of outstanding actions complete with revised completion dates agreed.
- New revised IQIP launch in March 2021.
- Accountability Framework in place to improve performance against standards and KPIs
- Corporate strategy and Quality priorities published underpinning work plans in development
- New Lead Doctor for Adult Safeguarding appointed in October 2020
- Deteriorating Patient Lead appointed in September 2020 and nurse lead appointed in January 2021.
- Staff vaccinations for Covid-19 at 83% at QEH site. 2nd dose vaccine appointments to commence end of March 2021.
- New QI managers in place to support recognise and respond team as well as end of life team.
- Lead Nurse for Palliative and End of Life care commenced in Post March 21

Gaps in Control

- Cancellation of elective work due to non-elective demand
- Variable operational performance
- Peer reviews on hold, due to restart 31 March.

Gaps in Assurance

- Care of the end of life and dying patient
- Challenging non elective performance due to very high demand
- Diagnostic imaging capacity and associated delays and backlog

KEY STRATEGIC OBJECTIVE 2 – QUALITY

EXECUTIVE OWNER: **Chief Operating Officer** | **DATE LAST REVIEWED:** **April 2021**

RESPONSIBLE COMMITTEE: **Finance & Activity Committee** | **NEXT REVIEW SCHEDULED:** **May 2021**

Strategic Objective

To modernise our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care

Risk Appetite: We have a **LOW** risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements

We have a **MODERATE** risk appetite for risks related to the Trust estate and infrastructure except where they adversely impact on patient safety and regulatory compliance

We have a **HIGH** risk appetite for the adoption and spread of new technologies whilst ensuring quality for our service users

Initial Risk Rating: 4(C) x 5 (L) = 20

Current Risk Rating: 4(C) x 4(L) = 16

Target Risk Rating: 6-10

Risk Behaviour: MINIMAL - CAUTIOUS

Principal Risk – 2757 (16)

There is a risk that patients may receive sub-optimal care / treatment, with failures associated with:

- Estate
- Digital Infrastructure
- Medical Equipment

Aligned Significant Risks

392 Roof (20)

2343 Cyber-crime (15)

Rationale for Current Risk Score

- Old hospital estate with significant backlog maintenance issues
- Significant financial implications associated with further treatment of aligned risks such as roof
- Trust in Special Measures & and outstanding CQC notices
- Many clinical areas known to need refurbishment, upgrades or improved layout or facilities
- Reputational damage – Trust recognised as being digitally 'immature.' (2019 HIMSS Electronic Medical Record Adoption Model (EMRAM) Assessment score for QEH was 0.03950 against national mean of 2.3)
- In partnership with STP colleagues, Trust is on journey to develop ICT technologies and transformational service solutions with clear digital roadmap for delivery for this financial year & beyond.
- The size of the estate is unable to meet demand during the second wave of Covid-19

Emergent Risks

- Lack of electronic patient records
- Lack of electronic prescribing
- Lack of capacity in the Estates team

Future Opportunities

- Engagement in development of OBC for capital investment in Diagnostic Assessment Centre (DAC)
- Trust has embraced the digital opportunities as a result of COVID including remote working, use of 'TEAMs' and implementation of 'Attend Anywhere' to support remote consultations.
- Discussions with national NHSE&I colleagues for larger scale future site development/investment opportunity
- STP partnership work includes implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution.
- The Trust has submitted a case as part of the Health Infrastructure Plan 2

Assurance

- Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board
- Resources identified to deliver digital strategy and cyber plan

The Trust has submitted a case as part of the Health Infrastructure Plan 2

Controls in Place

- The capital programme has been finalised and addresses critical backlog issues and investment requirements on a risk based assessment. Executive level monitoring of progress against the detailed business cases of the plan and the expenditure incurred.
- STP Digital Strategy, and Annual digital plan in place – NED engagement in STP work-stream
- The Sandringham Ward is in use as a Green surgical ward
- Board briefing session on cyber risk delivered in September by Head of Digital
- Ward review and bed modelling has been undertaken to understand the inpatient bed requirement to deliver 92% occupancy. A ward configuration plan has been agreed, and implementation plan being developed.

Visual inspection of all roof planks completed on 30 November 2020. More intrusive survey method being deployed (tap and test) and 900 planks have been tested with 63 planks requiring propping and 273 planks requiring weekly monitoring. In addition, 100 planks identified within the main gymnasium as requiring fail safe steel works and the gymnasium remains closed. Emergency capital application in the process of being developed

Gaps in Control

- Trust has not rolled out electric patient records or electronic prescribing

Gaps in Assurance

- Additional capital has been allocated to the Trust and robust plans and business cases are required to ensure delivery of the capital plans within the year
- Identification and development of transformation schemes to support long term sustainability