The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 July 2021	**Agenda item:**	9
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
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Executive Sponsor:	Alice Webster – Chief Nurse Chris Benham – Director of Finance		

Implications

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

KSO 1	**KSO 2**	KSO 3	KSO 4	KSO 5	KSO 6
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, 2634, 2643, 2244, 2757, 392, 2849, 2853	
	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 (A&REG) Quality Committee (KSO 1) Finance and Activity Committee (KSO 2)

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: • KSO 1 – QUALITY — Quality Committee • KSO 2 – 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. As of the Assurance and Risk Executive Group meeting on 15 June 2021, there were 8 significant risks on the Trust Significant Risk Register, following one significant risk aligned to KSO 1 having been downgraded. Risk, ID 2199: *Timely Access to Emergency Care including Ambulance Handover and Time Spent in the Emergency Department* – A robust discussion was held in relation to this risk grading. It was noted that this whilst the number of patients attending the Emergency Department has increased following the easing of lockdown restrictions, this has not resulted in patient harm, with controls in place for ensuring any impact on patient's safety is minimised. This aligns with evidence from incidents and complaint data. It was agreed the current risk 'likelihood' can be downgraded from Almost Certain to Likely resulting in a risk score of 12 = Moderate (3) x Likely (4). The Principal risk for KSO 1 Risk ID 2592: *There is a risk that patients may receive sub-optimal care / treatment,* is currently a 16. This risk was discussed in detail. It was noted that the overall picture in relation to the significant risks aligned to KSO 1 has improved considerably in recent months, with five significant risks being downgraded to moderate. However, it was agreed that the current risk grading for Risk 2592 remains appropriate, as further progress is required to ensure the risk is mitigated to moderate levels. The increase in operational pressures as a result of restoration and recovery from COVID-19 with the re-opening of escalation beds is stretching current staffing resources and has the potential to impact on this principle risk. A detailed report of all Risk Register entries as of 22 June 2021 currently scoring 15+ is attached as Appendix 2. Updates for KSO 1; 1. Rationale for Current Risk Score: • 4 of 8 of Trust's current significant risks are aligned to this objective. • Clinical pathways and variable flow through the organisation present challenges due to capacity. 2. Emergent risks: • Increase in the number of patients waiting over 52 weeks for admitted and non-admitted care. 3. Gaps in Assurance: • Lack of evidence of the care of the end of life and dying patient

	Updates for KSO 2; 1. Rationale for current risk score: • The size of the estate is unable to meet demand due to operational responses to Covid-19 2. Future Opportunities: • Discussions with national NHSE&I colleagues for larger scale future site development/investment opportunity through the development of the SOC • ICS partnership work includes implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution. 3. Assurance: • Cyber action plan in place in response to internal audit findings. Action plan tracked through Finance and Activity Committee and Audit Committee. • The Trust had submitted a case as part of the Health Infrastructure Plan 2 with the development of a Strategic Outline Case (SOC) underway that is due for completion in November 2021. 4. Controls in Place: • Board briefing sessions on cyber risk by Head of Digital • Visual inspection of all roof planks completed on 30 November 2020. More intrusive survey method being deployed (tap and test) with 63% complete. A short form business case is being completed as part of the allocation of national funding to support emergency capital expenditure for year one of a comprehensive fail-safe system for the roof. The Principal risks have been reviewed and approved by the relevant Executive as well as at A&REG. Their grading remains unchanged; For KSO 1 Risk ID 2592 is graded at 16. For KSO 2 Risk ID 2757 is graded at 20.
Recommendation:	The 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
RESPONSIBLE COMMITTEE: Quality Committee
DATE LAST REVIEWED: June 2021
NEXT REVIEW SCHEDULED: July 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
2634 Cancer waiting (16)
2643 Diagnostic Imaging (16)
2244 Risk of patients presenting with acute mental health needs remaining in ED for prolonged periods (16)

Rationale for Current Risk Score

- 4 of 8 of Trust's current significant risks aligned to this objective
- Trust in Special Measures & and outstanding CQC conditions (although the number of these have been reduced).
- Trust below target against some of KPIs associated with operational performance
- Trust consistently below target against KPIs associated with patient experience
- Very high demand for services & Trust running at high capacity
- Delayed transfers of care continuing to exceed national standard – April figures were 4.7% against the national target of 3.5%. However, figures are currently not being reported nationally
- Improving compliance with standards and policies
- Clinical pathways and variable flow through the organisation present challenges due to capacity

Emergent Risks

- Increased backlog of patients needing diagnostics and therapeutic procedures.
- Continuous review of non -elective pathways and risk review of backlog as part of Covid-19 restoration
- Planned ward re-alignments for tackling winter pressures
- Increase in the number of patients waiting over 52 weeks for admitted and non-admitted care

Future Opportunities

- Development of closer partnership working in ICS and with other partners
- Partnership working with NNUH and CCG to support palliative care
- Special Measures funding secured for 'Preparing for High Performance'

Assurance

- 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.
- Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 20 of 23 conditions internally closed = 87%. 15 Section 31 Conditions lifted by the CQC with only 7 conditions remaining.

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 commenced end of March 21
- 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
- Peer reviews recommenced in April

Gaps in Control

- Cancellation of elective work due to non-elective demand
- Variable operational performance

Gaps in Assurance

- Lack of evidence of the 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: Director of Finance | **DATE LAST REVIEWED:** June 2021

RESPONSIBLE COMMITTEE: Finance & Activity Committee | **NEXT REVIEW SCHEDULED:** July 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: 5(C) x 4(L) = 20

Target Risk Rating: 6-10

Risk Behaviour: MINIMAL - CAUTIOUS

Principal Risk – 2757 (20)

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)

2849 Cyber crime (16)

2853 Cyber crime (16)

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 ICS 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 due to operational responses to 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 through the development of the SOC
- ICS partnership work includes implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution.

Assurance

- Cyber action plan in place in response to internal audit findings. Action plan tracked through Finance and Activity Committee and Audit Committee.
- The Trust had submitted a case as part of the Health Infrastructure Plan 2 with the development of a Strategic Outline Case (SOC) underway that is due for completion in November 2021.

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.
- ICS Digital Strategy, and Annual digital plan in place – NED engagement in ICS work-stream
- The Sandringham Ward is in use as a Green surgical ward
- Board briefing sessions on cyber risk delivered 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). In addition, 100 planks identified within the main gymnasium as requiring fail safe steel works and the gymnasium remains closed. A short form business case is being completed as part of the allocation of national funding to support emergency capital expenditure for year one of a comprehensive fail-safe system for the roof.

Gaps in Control

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

Gaps in Assurance

- Identification and development of transformation schemes to support long term sustainability