The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 August 2022	**Agenda item:**	10
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
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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, 2643, 2244, 2788, 2915, 2957, 2199, 2984, 2757, 392, 2989, 2849, 2853, 2999, 3018	
	Y/N	If Yes state impact / implications and mitigation
Quality	Y	Risks in relation to the quality of care that patients receive, as well as the quality of patient experience, are aligned to KSO 1.
Legal and regulatory	Y	Risks in relation to potential legal and regulatory action faced by the Trust (particularly in relation to CQC enforcement notices) are aligned to KSO 1.
Financial	Y	Risks in relation to the financial costs of modernising the hospital's estate and digital infrastructure are aligned to KSO 2.

Assurance route

Previously considered by:	Safe Executive Group (SEG) 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 future opportunities. The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director. **Updates for KSO 1:** There are now 8 Significant Risks aligned with KSO 1, which is an increase of 2 from the last Public Board meeting in June. The first new risk that has been aligned to KSO 1 is **Risk ID 2957:** *Risk of paediatric patient harm due to lack of MH support in the community.* The current grading of this risk is Major (4) x Likely (4) = 16. The second new risk that has been aligned to KSO 1 is **Risk ID 2788:** *Risks associated with high number of clinical pharmacist vacancies*. The current grading of this risk is also Major (4) x Likely (4) = 16. More detail of both of these risks, and the reviews conducted in-month for risks aligned to KSO 1, is included in the Significant Risk Report. 1. Rationale for Current Risk Score: • 8 out of 16 of the Trust's Significant Risks are aligned to this objective 2. Aligned Significant Risks: • 2957 Delays to accessing paediatric mental health treatment (16) • 2788 Risks associated with high number of clinical pharmacist vacancies (16) 3. Future Opportunities: • ECIST (Emergency care and intensive support team) to provide recommendations from recent visit • ED business case for expansion and development is due for presentation at F&A in July • Two new substantive general surgeons to commence post in September 22 4. Controls in Place: • UECSTSG providing system support for emergency care

	Updates for KSO 2; There remain 7 Significant risks aligned with KSO 2, including the Principal risk. 1. Rationale for Current Risk Score: • 7 of 16 of Trust's Significant Risks are aligned to this objective • The size of the estate is unable to meet demand due to operational responses to Covid-19 and increases in urgent and emergency care demand. • Risks that remain in relation to securing national funding to progress a system-wide Electronic Patient Record and securing funding to bring a new hospital to King's Lynn and West Norfolk and in turn ensure there is a long-term sustainable solution for QEH, recognising the end of life date for our current hospital is 2030. 2. Emergent Risks: • Several moderate information risks have been raised in terms of mandatory information reporting and data quality, with an improvement plan now in place 3. Future Opportunities: • ECIST (Emergency care and intensive support team) to provide recommendations from recent visit • ED business case for expansion and development is due for presentation at F&A in July • Two new substantive general surgeons to commence post in September 22 4. Assurance: • Recent Data Security & Protection Toolkit (DSPT) Internal Audit received with 'Significant assurance'. Further, mandatory DSPT national submission has moved from 'Standards Not Met' to 'Approaching Standards'. • Positive feedback from regional NHSE/I following recent visit to QEH regarding level of confidence in our delivery of the RAAC programme • Positive feedback from regional and national NHSE/I teams re: presentations from QEH teams re: 'lived experience' of RAAC and detrimental impact in patient and staff experience, operational running of hospital and safety • Weekly core group in place and monthly strategic estates forum in place to ensure join-up up of capital programme, RAAC programme and new hospital programme, with strengthened communications and engagement resource agreed recognising its importance

	• West Dereham Ward (new frailty ward) and Brancaster Ward (new maternity ward) have been refurbished and opened to allow the rolling failsafe programme to begin 5. Controls in Place: • Experienced substantive Director of Estates and Facilities appointed following interviews 5 July 2022 and due to commence in post Autumn 2022 • Three-year Digital and Data Strategy in place, and approved at June Trust Board 2022 • Annual workplans and improvement plans for Digital and Data in place and approved • West Norfolk Eye Centre opened in May 2022 • Failsafe programme for 2022/23 in place and being operationalised, with impact on elective recovery programme being worked through with demand and capacity modelling • Strategic Estates Forum in place and meeting monthly to ensure alignment of RAAC programme, new hospital programme and capital programme with updates to each Hospital Management Board • In response to information risks, an information improvement plan has been reviewed by Hospital Management Board and approved, with ongoing monitoring at the Digital and Information Forum, HMB and Finance and Activity Committee • Following completion of the Strategic Outline Case, work is underway on a key enabling scheme for the new hospital (Multi-Storey Car Park) • Tap and test survey has been completed 6. Gaps in Assurance: • Data workshops and deep-dive reviews of reporting continue to be held to provide confidence of position. These need to be completed. The Principal risks have been reviewed and approved by the relevant Executive as well as at Safe Executive Group. 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: July 2022
NEXT REVIEW SCHEDULED: August 2022

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
2643 Access to Safe and effective diagnostic imaging services (16)
2244 Risk of patients presenting with acute mental health needs remaining in ED for prolonged periods (16)
2915 Risk of patient harm due to increased waiting times for elective surgery (16)
2957 Delays to accessing paediatric mental health treatment (16)
2788 Risks associated with high number of clinical pharmacist vacancies (16)
2199 Timely Access to Emergency Care including Time Spent in the Emergency Department (15)
2984 Risk of patient harm due to ambulance offload delays (15)

Rationale for Current Risk Score

- 8 of 16 of the Trust's current Significant Risks aligned to this objective
- 4 remaining Section 31 conditions remain on the Trust's Certificate of Registration
- Trust below target against some of KPIs associated with operational performance and patient experience
- Very high emergency demand, high occupancy, and challenging flow through the organisation present challenges to the provision of high quality and timely care for non-elective patients
- Delayed transfers of care continuing to exceed national standard –however, figures are currently not being reported nationally. Work continues with system partners
- Improving compliance with standards and policies
- Clinical pathways and variable flow through the organisation present challenges due to capacity
- Development of closer partnership working with ICS, NNUH and CCG to support clinical pathways i.e. palliative care
- Sustained bed occupancy above 95%, with increased medical bedbase, with difficulty in achieving discharges

Emergent Risks

- Increased number of patients needing diagnostics and therapeutic procedures
- Continuous review of non -elective pathways and risk review of backlog as part of Covid-19 restoration
- Sustained high activity and acuity of patients requiring admissions
- Reduction in planned activity due to increased non-elective inpatient numbers
- Increased difficulty in accessing social care to support complex discharges, exacerbating flow challenges
- Increased risk of patient harm on Rudham ward relating to CYP with mental health needs

Future Opportunities

- Special Measures funding secured for 'Preparing for High Performance'
- Development of SOP to support new clinical harm review and clinical prioritisation system policy
- UEC workstream to support discharge, improve flow, and reduce admissions
- Three associate medical directors to lead on aspects of UEC workstream appointed
- ECIST (Emergency care and intensive support team) to provide recommendations from recent visit
- ED business case for expansion and development is due for presentation at F&A in July
- Two new substantive general surgeons to commence post in September 22

Assurance

- Documentation Audit of Fundamentals of Care has given positive assurance relating to senior review, dementia screening, VTE assessment and NEWS2 scoring accuracy and escalation.
- IPC Board level self-assessment NHSI/E – August 21
- Confirmation from CQC they have lifted a further 3 Section 31 Conditions from our Certificate of Registration
- Improved ratings of 6 core services from unannounced CQC visit.
- Progress in addressing Conditions and Notices monitored by Quality Forum and Trust Board. 23 of 23 conditions internally closed = 100%. 18 Section 31 Conditions lifted by the CQC with only 4 conditions remaining
- Internal audit from Grant Thornton has reviewed Trust IPC processes
- The Trust has now been removed from the Recovery Support Programme (RSP)
- Cleared all patients on elective waiting lists for 104-weeks, and number of patients waiting over 52 weeks is also reducing.

Controls in Place

- IQIP and associated performance management structure in place, with revised completion dates and actions completed.
- Accountability Framework in place to improve performance against standards and KPIs
- Staff uptake of the Covid-19 vaccine is above 95%
- Formal response to Ockenden recommendations completed end of June 2021
- Harm reviews ongoing for patients awaiting elective care
- NICU remains on Castleacre to enable essential maintenance works to take place
- Daily Executive review of staffing levels
- Patient safety incidents, complaints and concerns are also being monitored at Executive level.
- UECSTSG providing system support for emergency care
- Leadership of ICS care recovery board addressing elective waiting lists and health inequalities
- New occupational health provider, with new sickness policy in development for improving return to work pathways

Gaps in Control

- Variable operational performance
- High bed occupancy
- High ongoing ED attendances
- Reduction in documented staff compliance for self-testing for Covid-19
- Increasing delays to offload ambulances

Gaps in Assurance

- Challenging non elective performance due to very high bed occupancy
- Diagnostic imaging capacity and associated delays and backlog
- Fluctuating ED performance

KEY STRATEGIC OBJECTIVE 2 – QUALITY

EXECUTIVE OWNER: Deputy CEO
RESPONSIBLE COMMITTEE: Finance & Activity Committee
DATE LAST REVIEWED: July 2022
NEXT REVIEW SCHEDULED: August 2022

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)
2989 Reduction in funding for RAAC project (20)
2849 Cyber crime (16)
2853 Cyber crime (16)
2999 Risk of EPR project non-progression (16)
3018 Risk that the New Hospital Project does not progress (16)

Rationale for Current Risk Score
- 7 of 16 of Trust's Significant Risks are aligned to this objective
- Old hospital estate with significant backlog maintenance issues
- Significant financial implications associated with further treatment of aligned risks such as roof
- 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 and increases in urgent and emergency care demand.
- No long-term sustainable solution for QEH, with the Trust not yet added to the New Hospital Programme
- Whilst there has been significant work undertaken to address our Cyber risks, along with the receipt of 'significant assurance' audit relating to our Data Security and Protection Toolkit (DSPT), the risk remains at existing levels due to the constantly changing threat landscape.
- Risks that remain in relation to securing national funding to progress a system-wide Electronic Patient Record and securing funding to bring a new hospital to King's Lynn and West Norfolk and in turn ensure there is a long-term sustainable solution for QEH, recognising the end of life date for our current hospital is 2030.

Emergent Risks
- Potential delay to implementation of EPR project
- 2022/23 ICS capital envelope has been communicated. The allocation process of the ICS capital is being managed by the ICS strategic capital board. Final allocation to the Trust remains work in progress.
- Several moderate information risks have been raised in terms of mandatory information reporting and data quality, with an improvement plan now in place

Future Opportunities
- The OBC for the Diagnostic Assessment Centre (DAC) was approved by the Joint Investment Committee on 4 March 2022 and will proceed to HM Treasury approval. Planning application has been submitted, with decision awaited.
- Business case for years 2-4 of RAAC programme approved at Public Board in April 22.
- Discussions with national NHSE&I colleagues for larger scale future site development/investment opportunity through the development of the new hospital programme SOC.
- Development of a 2022-2025 and 2025-2030 Estates Strategy that covers all options
- Work underway to progress a key enabling scheme for the new hospital which involves considering options for a multi-storey car park
- New purpose-built Endoscopy Unit on course to open to patients September 2022
- Development of business case for Emergency Department expansion (stage 1)
- Bid for an elective orthopaedic hub, with funding TBC
- E-obs (POMS) business case approved by the Board March 2022
- OBC for EPR coming to Board for approval June 2022
- Resource and workforce review underway in Digital and Data teams with business case to be presented through internal governance in June 2022
- The prospect of attracting £130m national capital funding to ensure the hospital is 'safe and compliant' over the next three years (against the £80m minimum allocation) – NHSE/I have sent a letter of support to the national team

Assurance
- Significant progress with Cyber Action plan and clear workplan in place for 2022/23 to advance further
- The Trust had submitted a case as part of the New Hospital Programme (NHP) with the development of a Strategic Outline Case (SOC) underway that is due for presentation at Board in June 22.
- Additional financial reporting for Capital Expenditure Programme included within the monthly finance report. This adds greater visibility with regards the management of the Capital Expenditure Programme.
- Recent Data Security & Protection Toolkit (DSPT) Internal Audit received with 'Significant assurance'. Further, mandatory DSPT national submission has moved from 'Standards Not Met' to 'Approaching Standards'.
- Positive feedback from regional NHSE/I following recent visit to QEH regarding level of confidence in our delivery of the RAAC programme
- Positive feedback from regional and national NHSE/I teams re: presentations from QEH teams re: 'lived experience' of RAAC and detrimental impact in patient and staff experience, operational running of hospital and safety
- Weekly core group in place and monthly strategic estates forum in place to ensure join-up up of capital programme, RAAC programme and new hospital programme, with strengthened communications and engagement resource agreed recognising its importance
- West Dereham Ward (new frailty ward) and Brancaster Ward (new maternity ward) have been refurbished and opened to allow the rolling failsafe programme to begin

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.
- Experienced substantive Director of Estates and Facilities appointed following interviews 5 July 2022 and due to commence in post Autumn 2022
- Three-year Digital and Data Strategy in place, and approved at June 2022 Trust Board
- Annual workplans and improvement plans for Digital and Data in place and approved
- Clinical areas have been temporarily re-purposed to accommodate emergency pathway patients
- 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.
- West Norfolk Eye Centre opened in May 2022
- Failsafe programme for 2022/23 in place and being operationalised, with impact on elective recovery programme being worked through with demand and capacity modelling
- Strategic Estates Forum in place and meeting monthly to ensure alignment of RAAC programme, new hospital programme and capital programme with updates to each Hospital Management Board
- In response to information risks, an information improvement plan has been reviewed by Hospital Management Board and approved, with ongoing monitoring at the Digital and Information Forum, HMB and Finance and Activity Committee
- Following completion of the Strategic Outline Case, work is underway on a key enabling scheme for the new hospital (Multi-Storey Car Park)
- Tap and test survey has been completed

Gaps in Control
- Trust has not rolled out electric patient records or full roll-out of electronic prescribing

Gaps in Assurance
- Identification and development of transformation schemes to support long term sustainability
- Data workshops and deep-dive reviews of reporting continue to be held to provide confidence of position. These need to be completed