The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	4 October 2022	**Agenda item:**	10
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
Author:	Tracey Wickington – Deputy Director of Patient Safety		
Executive Sponsor:	Alice Webster – Chief Nurse Laura Skaife-Knight – Deputy CEO		

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	KSO1 - 2592, 2643, 2244, 2788, 2915, 2957, 2199, 2984 KSO2 - 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) 8 September 2022 Quality Committee (KSO 1) 27 September 2022

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 eight Significant Risks aligned with KSO 1, including the Principal Risk. This has remained stated since the last Public Board meeting on 2 August 2022. More detail of the reviews conducted in-month for risks aligned to KSO 1, are included in the Significant Risk Report. 1. Rationale for Current Risk Score: • Continued capacity pressures both internally and across the system, with increased length of stay, including the number of patients staying > 21 days. Increased DTOCs, ambulance handover delays and patients waiting > 12 hours in ED. 2. Emergent risks: • No new emergent risks. 3. Future Opportunities: • ECIST (Emergency care and intensive support team) to provide recommendations from recent visit, further meetings are in place. • ED business case for expansion and development has been approved by Trust Board in August 22. • ICS focus on urgent and emergency care, to include interrogation of ambulance offload delays and developing greater community resource, as well as home care provision. **Updates for KSO 2;** There are seven Significant risks aligned with KSO 2, including the Principal Risk. This has remained stated since the last Public Board meeting on 2 August 2022. 1. Future Opportunities: • Debrief exercise following Strategic Outline Case phase of the new hospital – in order to mobilise the required resource and capacity for the Outline Business Case stage of the new hospital. • Planning application for the Multi-Storey Car Park to be submitted Autumn 2022 – as a key enabling scheme for the new hospital and linked to this funding options and preferred way forward for the car park to be discussed through internal governance November 2022.

	• Improvements to the urgent and emergency care pathway, with an expanded Same Day Emergency Care Unit following £2m national funding by end of January 2023 and Board approval of a business case to put in place a new ambulance handover area by the end of 2022/23 – strong governance and leadership in place to ensure delivery of these key projects to time. 2. Assurance: • Strong grip and control – weekly operational meetings to monitor progress led by the Deputy CEO and monthly Strategy Estates Forum meetings attended by key internal stakeholders to ensure oversight and alignment of major schemes spanning RAAC, the capital programme and the new hospital. • Delivery of RAAC Year 1 schemes, including the new Endoscopy Unit, which has created decant theatre and ward capacity to commence three-year rolling failsafe programme. • Strong relationships with Regulator, national New Hospital Programme Team and unanimous support from our full spectrum of partners and stakeholders across Norfolk and Waveney, Lincolnshire and Cambridgeshire for a new hospital. 3. Controls in Place: • Accelerated theatre failsafe programme agreed by Hospital Management Board early September 2022 and commenced 20 September 2022 to maximise safety, with clear governance and leadership in place to deliver. • Substantive Director of Estates and Facilities recruited and will commence in post on 31 October 2022. • Recruited substantive Chief Digital and Information Officer who is due to commence in November 2022. • Integrated Directorate workplan for Digital and Information covering the Improvement Plan, workplan for 2022/23, response to Staff Survey and KPMG actions in place. • 19 fixed-term posts being converted in Digital and Information Teams into substantive posts to bring workforce stability. • Expression of Interest submitted to the national New Hospital Programme Team to meet 31 August 2022 deadline for funding for key enabling schemes/early works, including the Multi-Storey Car Park, infrastructure works and relocation of helipad during construction/enabling period. • Strong patient, local community and staff engagement, with public engagement events held in September 2022 to share plans for the new hospital and car park and seek views and feedback to inform the planning application and Statement of Community Involvement. 4. Gaps in Assurance: • Workforce challenges and resource gaps in Digital and Information – workforce business case under development being presented at Digital and Information Forum in September 2022, including a proposal to further strengthen the Cyber Security Team.

	The Principal Risks have been reviewed and approved by the relevant Executive as well as Safe Executive Group. For KSO 1 Risk ID 2592 is graded at 16. A proposal was considered at Safe Executive Group on 8 September 22 to increase the rating from 16 to 20, (increase in Likelihood from a 4 to a 5). Whilst there was recognition of the significant ambulance delays, work is being undertaken internally to address this. It was felt that there was a lack of evidence that harm was "expected to occur at least daily, >50%" as defined in the framework for a likelihood of 5. Agreed that risk rating would remain at current rating - Consequence 4 (Major) x Likelihood 4 (Likely) = 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: September 2022
NEXT REVIEW SCHEDULED: October 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
- Increased length of stay, as well as the number of patients staying > 21 days. Increased DTOCs, and ambulance handover delays are increasing. The number of patients waiting > 12 hours in ED is also increasing.

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, further meetings are in place.
- ED business case for expansion and development has been approved by Trust Board in August 22
- ICS focus on urgent and emergency care, to include interrogation of ambulance offload delays and developing greater community resource, as well as home care provision

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: September 2022
NEXT REVIEW SCHEDULED: October 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
- Following completion of the Strategic Outline Case, work is underway on a key enabling scheme for the new hospital (Multi-Storey Car Park), with public engagement events planned in September and development of a travel plan underway
- New purpose-built Endoscopy Unit on course to open to patients September 2022
- ED (phase 1) business case for expansion and development approved by Board 2 August 2022
- Bid for an elective orthopaedic hub, with funding TBC
- E-obs (POMS) business case approved by the Board March 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
- Converting 19 fixed-term posts in Digital and Information Teams into substantive posts to bring workforce stability

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, and Endoscopy Unit on to track to open to patients in September 2022

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.
- Substantive Director of Estates and Facilities recruited and due to commence in post in October 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
- Tap and test survey has been completed
- Recruited substantive Chief Digital and Information Officer
- Integrated Directorate workplan covering Improvement Plan, workplan for 2022/23, response to Staff Survey and KPMG actions in place

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
- Workforce challenges and resource gaps in Digital and Information – workforce business case under development being presented at Digital and Information Forum in September 2022