The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**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, 2643, 2244, 2915, 2199, 2757, 392, 2849, 2853	
	Y/N	If Yes state impact / implications and mitigation
Quality	Y	Risks in relation to the quality of care that patient's 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:	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 future opportunities. The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director. **Risk ID 2199:** *Timely Access to Emergency Care including ambulance handover and time spent in the Emergency Department* has been reviewed and updated by the Deputy Chief Operating Officer and approved by the Chief Operating Officer following a need to respond to the unprecedented operational pressures over the Christmas period. The risk description has been amended to reflect the latest position in relation to patient demand, and additional controls added to the risk narrative, to highlight the additional mitigations in place to ensure patient and staff safety. With these additional controls the current risk grading of Moderate (3) x Almost Certain (5) = 15 remains appropriate at present. **Risk ID 2244:** *Lack of MH beds in the community leading to a potential for patient harm due to extended delay*. It was confirmed that the controls and risk narrative remain up to date. However, the local and national context remains very concerning, with high numbers of mental health attendances continuing within our ED. The risk grading was agreed to remain appropriate at Major (4) x Likely (4) = 16. **Risk ID 2915:** *Risk of patient harm due to increased waiting times for elective surgery.* Following the surge in patient demand over the Christmas period, this risk was reviewed and updated by the Deputy Chief Operating Officer, with the changes approved by the Chief Operating Officer. The risk description has been updated to capture the ward re-alignments agreed in response to the surge in demand and the risk controls updated detailing the additional mitigations in place. However, it was also noted that it will be crucial to continue to review and update this risk as the de-escalation plan is implemented. It was discussed that the ward realignments are currently only forecast to delay the Elective Care and Restoration and Improvement Programme by one month; however, this situation will continue to be monitored in the event of deterioration. The risk grading was approved for remaining consistent at Major (4) x Likely (4) = 16. **Risk ID 392:** *Roof Integrity* was also discussed at A&REG in January 2022. It was noted that completion of the "Tap and Test" Survey has been delayed due to the ward re-alignments needed to address the surge in patient demand. However, the Group was advised that the Tap and Trace team will be continuing their work over weekends (as of 22 January) to ensure the survey is completed as soon as possible; the current estimated date of completion is 30 April 2022. The grading of the risk remains unchanged at Catastrophic (5) x Likely (4) = 20.

	Updates for KSO 1; 1. Emergent Risks: • Increased activity and acuity of patients requiring admissions • Reduction in planned activity • Higher staffing sickness levels (linked to KSO 6) • Increased difficulty in accessing social care to support complex discharges, exacerbating flow challenges 2. Future Opportunities: • Implementation of new clinical harm review and clinical prioritisation system policy 3. Assurance: • Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 22 of 23 conditions internally closed = 96%. 18 Section 31 Conditions lifted by the CQC with only 4 conditions remaining 4. Controls in Place: • Staff vaccinations for Covid-19 at 94.4% (first dose) and 92.9% (second dose); third dose Covid-19 “booster” is at 76.3 % and 58.6% of staff have had their flu vaccinations • Daily Executive review of staffing levels • Patient safety incidents, complaints and concerns are also being monitored at Executive level. • UECSTSG relaunched to provide system support for emergency care • Leadership of ICS care recovery board addressing elective waiting lists and health inequalities 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. This includes the re-allocation of 2 additional medical wards on Elm and Denver by transferring patients to Sandringham, which has been utilised as “amber” surgical care, and the Day Surgery Unit has been repurposed as an amber surgical assessment unit. There is capability for further ward realignments if required. 2. Emergent Risks: • Completion of the roof “Tap and Test” survey has been delayed due to ward re-alignments

	3. Controls in Place: • Clinical areas have been temporarily re-purposed to accommodate emergency pathway patients 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: January 2022
NEXT REVIEW SCHEDULED: February 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)
2199 Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department (15)

Rationale for Current Risk Score

- 5 of 9 of the Trust's current Significant Risks aligned to this objective
- Trust in Special Measures & and outstanding CQC conditions. 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

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
- Ward realignments for supporting winter pressures are continuing due to high occupancy
- The number of patients waiting over 52 weeks for admitted and non-admitted care
- Continued admissions of Covid-19 positive inpatients
- Increased activity and acuity of patients requiring admissions
- Reduction in planned activity
- Higher staffing sickness levels (linked to KSO 6)
- Increased difficulty in accessing social care to support complex discharges, exacerbating flow challenges

Future Opportunities

- Special Measures funding secured for 'Preparing for High Performance'
- New theatre productivity workstream in place following recruitment of new streamlined booking team. Benefits to elective performance expected to be indicated by December
- Implementation of new clinical harm review and clinical prioritisation system policy

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 Conditions and Notices Oversight Group and Trust Board. 22 of 23 conditions internally closed = 96%. 18 Section 31 Conditions lifted by the CQC with only 4 conditions remaining
- Internal audit from Grant Thornton has reviewed Trust IPC processes

Controls in Place

- Substantive Executive team & Divisional Leadership Teams in place, including relevant appointed leads and QI manager support
- 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
- Corporate strategy and Quality priorities published underpinning work plans in development
- Staff vaccinations for Covid-19 at 94.4% (first dose) and 92.9% (second dose); third dose Covid-19 "booster" is at 76.3 % and 58.6% of staff have had their flu vaccinations
- Peer reviews recommenced in April
- Formal response to Ockenden recommendations completed end of June
- Harm reviews ongoing for patients awaiting elective care
- The planned decant of NICU onto Castleacre to enable essential works has now taken place
- LAMP testing is now available to all clinical and non-clinical QEH staff
- Daily Executive review of staffing levels
- Patient safety incidents, complaints and concerns are also being monitored at Executive level.
- UECSTSG relaunched to provide system support for emergency care
- Leadership of ICS care recovery board addressing elective waiting lists and health inequalities

Gaps in Control

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

Gaps in Assurance

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

KEY STRATEGIC OBJECTIVE 2 – QUALITY

EXECUTIVE OWNER: Director of Finance
RESPONSIBLE COMMITTEE: Finance & Activity Committee
DATE LAST REVIEWED: January 2022
NEXT REVIEW SCHEDULED: February 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

Rationale for Current Risk Score
- 4 of 9 of the Trust's current 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
- 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. This includes the re-allocation of 2 additional medical wards on Elm and Denver by transferring patients to Sandringham, which has been utilised as "amber" surgical care, and the Day Surgery Unit has been repurposed as an amber surgical assessment unit. There is capability for further ward realignments if required.

Aligned Significant Risks
392 Roof (20)
2849 Cyber crime (16)
2853 Cyber crime (16)

Emergent Risks
- Lack of capacity in the Estates team
- Discussions underway with NHS E/I for funding for years 2 and 3 for RAAC project – funding not yet confirmed
- Lack of capacity in the Digital team
- Potential delay to implementation of EPR project
- Completion of the roof "Tap and Test" survey has been delayed due to ward re-alignments

Future Opportunities
- FBC in development for Diagnostic Assessment Centre (DAC), following September Trust Board approval of OBC
- 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 new hospital programme SOC.
- ICS partnership work includes development of business cases for E-Obs and a system wide EPR solution.
- £3mil of national funding received for development of West Norfolk Eye Centre

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 New Hospital Programme (NHP) with the development of a Strategic Outline Case (SOC) underway that is due for completion in February 2022.
- 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.

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
- 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.
- 75% of tap and test survey completed. The business case for £20.6m of failsafe works has been approved by the Department of Health and Social Care with programme management arrangements in place to deliver the year one programme. Second round of inspection of P1 planks has begun
- FBC for capital investment as part of the digital aspirant programme approved at the September Trust Board to support the implementation of the annual Digital Plan
- Trust's new Head of Cyber Security commenced in post 11 October 2021

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