The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (Public)		
Meeting Date:	5 April 2022	**Agenda item:**	9
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
Author:	Douglas Woodcock – Risk Manager		
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, 2989, 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. **Updates for KSO 1:** The number of Significant Risks aligned with KSO 1 in-month remains unchanged, as does the grading of those Significant risks. More detail of the reviews conducted in-month is included in the Significant risk report. 1. Emergent Risks: • Increased number of patients needing diagnostics and therapeutic procedures • High number of Covid-19 positive inpatients, including hospital-acquired cases • Sustained high activity and acuity of patients requiring admissions • Sustained bed occupancy above 95%, with increased medical bedbase. 2. Future Opportunities: • Development of SOP to support new clinical harm review and clinical prioritisation system policy • Planned relaunch of UEC workstream to support discharge, improve flow, and reduce admissions 3. Controls in Place: • Staff vaccinations for Covid-19 at 96.1% (first dose) and 94.4% (second dose); third dose Covid-19 “booster” is at 86.0 % and 62.8% of staff have had their flu vaccinations (all figures as of 08 March) 4. Gaps in Control: • Increasing delays to offload ambulances 5. Gaps in Assurance: • Challenging non elective performance due to very high bed occupancy **Updates for KSO 2;** There was a thorough discussion in relation to **Risk ID 2989**: *Potential reduction in NHSE/I funding allocation for the roof RAAC programme,* the details of which are also included in the Significant Risk Report.

	1. Rationale for Current Risk Score: • The CQC has recommended the Trust is removed from the Recover Support Programme (previously known as Special Measures), however, four section 31 notices remain • The size of the estate is unable to meet demand due to operational responses to Covid-19. This includes the ongoing ward re-alignments. DSU is still in use as an amber surgical ward as of 08 March, however, Sandringham has almost entirely reverted to a "green" elective area 2. Emergent Risks: • Site roadways being resurfaced with potential impact on ambulance offloads • 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. 3. Future Opportunities: • The OBC for the Diagnostic Assessment Centre (DAC) was approved by the Joint Investment Committee on 04 March and will proceed to HM Treasury approval. • New purpose-built Endoscopy Suite on course for Spring 22 opening. • E-obs (POMS) business case approved by the Board on 01 March. 4. Controls in Place: • Approximately 90% of tap and test survey completed; this will be confirmed by Castons following the end of the February data reconciliation • Ramp failsafe has been completed 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: March 2022
NEXT REVIEW SCHEDULED: April 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 Time Spent in the Emergency Department (15)

Rationale for Current Risk Score

- 5 of 10 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

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
- 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
- High number of Covid-19 positive inpatients, including hospital-acquired cases
- 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
- Sustained bed occupancy above 95%, with increased medical bedbase.

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
- Planned relaunch of UEC workstream to support discharge, improve flow, and reduce admissions

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
- Publication of CQC Inspection findings in February 2022 noting significant improvement with rating of 'Good' in 3 domains and a recommendation for Trust to be removed from the Recovery Support Programme (RSP)

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
- Staff vaccinations for Covid-19 at 96.1% (first dose) and 94.4% (second dose); third dose Covid-19 "booster" is at 86.0 % and 62.8% of staff have had their flu vaccinations (all figures as of 08 March)
- Peer reviews recommenced in April
- Formal response to Ockenden recommendations completed end of June
- Harm reviews ongoing for patients awaiting elective care
- NICU remains on Castleacre to enable essential maintenance works to take 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
- 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
- Challenging ED performance

KEY STRATEGIC OBJECTIVE 2 – QUALITY

EXECUTIVE OWNER: Director of Finance
RESPONSIBLE COMMITTEE: Finance & Activity Committee
DATE LAST REVIEWED: March 2022
NEXT REVIEW SCHEDULED: April 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
- 5 of 10 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
- The CQC has recommended the Trust is removed from the Recover Support Programme (previously known as Special Measures), however, four section 31 notices remain
- 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 ongoing ward re-alignments. DSU is still in use as an amber surgical ward as of 08 March, however, Sandringham has almost entirely reverted to a "green" elective area

Emergent Risks
- Lack of capacity in the Estates team
- 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
- Site roadways being resurfaced with potential impact on ambulance offloads
- 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.

Aligned Significant Risks
392 Roof (20)
2989 Reduction in funding for RAAC project (20)
2849 Cyber crime (16)
2853 Cyber crime (16)

Future Opportunities
- The OBC for the Diagnostic Assessment Centre (DAC) was approved by the Joint Investment Committee on 04 March and will proceed to HM Treasury approval.
- 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 a system wide EPR solution.
- £3mil of national funding received for development of West Norfolk Eye Centre
- New purpose-built Endoscopy Suite on course for Spring 22 opening.
- E-obs (POMS) business case approved by the Board on 01 March.

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.
- Approximately 90% of tap and test survey completed; this will be confirmed by Castons following the end of the February data reconciliation
- 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
- Ramp failsafe 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