The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	5 October 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, 2915, 2199, 2757, 392, 2849, 2853, 2930	
	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 future opportunities.

	The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director. As of 27 September 2021 there are 11 risks on the Trust's Significant Risk Register, including two of the Principal Risks. This is an increase of two from the previous month. One of these risks has been aligned to KSO 1, and the other has been aligned to KSO 2. A detailed report of all Significant Risk Register entries as of 27 September 2021 currently scoring 15+ is also attached as **Appendix 2**. At A&REG on 21st September a discussion was held in relation to Risk ID **2199:** *Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department*. Although this risk had previously been on the Trust's Significant Risk Register, it was agreed for this risk to be downgraded to Moderate (3) x Likely (4) = 12 in June 2021, due to a reduction in the likelihood of patients coming to harm as a result of increased time spent in the Emergency Department. However, at the September A&REG meeting, it was agreed that the likelihood of the risk should be increased to Almost Certain (5), resulting in the risk having an overall grading of 15 and therefore moving this back onto the Significant Risk Register. This decision was taken in light of the increasing number of patients presenting to the ED and potential delays to treatment, increasing the likelihood of patients coming to harm due to increased waiting times. This risk was aligned with KSO 1, and will be under the Chief Operating Officer for Executive oversight. The grading of the Principal Risk for KSO 1, **Risk ID 2592:** *Sub-Optimal Care and Treatment*, was also discussed in detail in view of the number of Significant Risks relating to delays in access to treatment aligned to KSO1. However following a robust discussion it was agreed for the grading of this risk to remain at a 16. The second risk approved for addition to the Trust Significant Risk Register is a new risk. This is **Risk ID 2930:** *Delays to Imaging and Reporting of Examinations owing to Implementation of RIS/PACS*. Following discussion within the Group, it was agreed for this risk to be added to the Risk Register with a residual grading of Major (4) x Likely (4) = 16. This risk was aligned with KSO 2, and will be under the Deputy CEO for Executive oversight. Updates for KSO 1; 1. Rationale for Current Risk Score: • 6 of 11 of the Trust's current Significant Risks are aligned to this objective 2. Emergent Risks: • Increasing numbers of Covid-19 positive inpatients

	3. Aligned Significant Risks: • 2199 Timely Access to Emergency Care including ambulance handover and Time Spent in the Emergency Department (15) 4. Future opportunities: • UEC and theatre productivity workstreams in place, expected to improve non-elective patient flow and elective performance 5. Controls in Place: • Staff vaccinations for Covid-19 at 93.0% (first dose) and 90.5% (second dose) • The planned decant of NICU onto Castleacre to enable essential works has now taken place 6. Gaps in control: • Reduction in documented staff compliance for self-testing for Covid-19 Updates for KSO 2; 1. Future Opportunities: • OBC for capital investment in Diagnostic Assessment Centre (DAC) approved at the September Trust Board meeting following review at Finance and Activity Committee in August. • FBC for capital investment as part of the digital aspirant programme approved at the September Trust Board meeting following review at Finance and Activity Committee in August. 2. Aligned Significant Risks: • 2930 Delays to Imaging and Reporting of examinations owing to Implementation of RIS/PACs (16) 3. Controls in Place: • 95% of tap and test survey completed with main theatres being the substantial area left to survey. 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. 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: September 2021
NEXT REVIEW SCHEDULED: October 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)
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

- 6 of 11 of the Trust's current significant risks aligned to this objective
- Trust in Special Measures & and outstanding CQC conditions (an application to remove the rest of the Section 31 notices has been made).
- 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
- Planned ward re-alignments for tackling winter pressures has been delayed due to high occupancy
- Increase in the number of patients waiting over 52 weeks for admitted and non-admitted care
- Increasing numbers of Covid-19 positive inpatients

Future Opportunities

- Special Measures funding secured for 'Preparing for High Performance'
- UEC and theatre productivity workstreams in place, expected to improve non-elective patient flow and elective performance
- Planned UECSTSG relaunched to provide system support for emergency care

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.
- Infection control Board level self-assessment NHSI/E – August & November 2020
- 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. 20 of 23 conditions internally closed = 87%. 15 Section 31 Conditions lifted by the CQC with only 7 conditions remaining (an application was submitted in July for the remaining 7 conditions to be lifted)

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 93.0% (first dose) and 90.5% (second dose)
- 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

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: September 2021
NEXT REVIEW SCHEDULED: October 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)
2930 Delays to Imaging and Reporting of examinations owing to Implementation of RIS/PACs (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
- OBC for capital investment in Diagnostic Assessment Centre (DAC) approved at the September Trust Board meeting following review at Finance and Activity Committee in August.
- FBC for capital investment as part of the digital aspirant programme approved at the September Trust Board meeting following review at Finance and Activity Committee in August.
- 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 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.
- 95% of tap and test survey completed with main theatres being the substantial area left to survey. 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.

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