The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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| **Meeting:** | Board of Directors (Public) | | |
| **Meeting Date:** | 7 December 2021 | **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<br>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 |
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| ***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* |

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| **Board assurance framework** | KSO 1<br>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 | |
| **Legal and regulatory** | Y | |
| **Financial** | Y | |

**Assurance route**

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| **Previously considered by:** | Assurance and Risk Executive Group (A&REG)<br>Quality Committee (KSO 1)<br>Finance and Activity Committee (KSO 2) |

**Executive summary**

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| **Action required:** *[highlight **one** only]* | Approval | Information | Discussion | **Assurance** | Review |

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| **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.<br><br>Risks aligned to the Quality Key Strategic Objectives 1 and 2 are overseen by the Board Committees as shown below:<br><br>• KSO 1 – QUALITY — Quality Committee<br>• KSO 2 – QUALITY — Finance & Activity Committee<br><br>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. |

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| | The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director.<br><br>As of the Assurance & Risk Executive Group meeting on 16 November, the Trust has 9 Significant Risks on the Trust Risk Register. These 9 Risks include the 2 Principal Risks aligned with KSO 1 and KSO 2. At the A&REG meeting on 16 November, two risks were downgraded to moderate, and removed from the Significant Risk Register.<br><br>**Downgraded Risk:**<br>**Risk ID 2634:** *Timely Access to Cancer Care and Treatment* was downgraded to a moderate risk. The grading for this risk prior to the meeting was Major (4) x Likely (4) = 16. Following discussion, it was agreed patients are not coming to major harm as often as a likelihood grading of 4 would suggest; this is evidenced by only one Serious Incident having been declared due to a patient sustaining significant harm due to longer waiting times for cancer treatment. The Group agreed it would be appropriate for the grading of this risk to be reduced to Major (4) x Possible (3) = 12, meaning it represented a moderate risk. However, as the backlog of patients waiting for cancer treatment remains, it was agreed that the risk would continue to be reviewed closely by the Operational Manager for Cancer, as well as the Deputy Chief Operating Officer.<br><br>**Risk ID 2937:** *Risk to data reporting within radiology due to RIS/PACS* was downgraded to a moderate. Prior to the meeting, this risk was graded at Moderate (3) x Almost Certain (5) = 15. Following discussion and assurance from the General Manager for Clinical Support Services, it was confirmed that the current situation did not indicate that patients were coming to moderate harm on a constant basis. For this reason, it was agreed that the likelihood of the risk would be downgraded to Likely (4), resulting in the risk having an overall grading of 12. The risk will continue to be reviewed by the Clinical Support Services DLT at the appropriate timely intervals, with any further issues escalated to the Group via the Deputy CEO where required.<br><br>Updates for KSO 1;<br><br>1. Rationale for Current Risk Score:<br><br>• 5 of 9 of the Trust's current Significant Risks aligned to this objective<br><br>2. Assurance:<br><br>• Internal audit from Grant Thornton has reviewed Trust IPC processes<br><br>3. Controls in Place:<br><br>• Staff vaccinations for Covid-19 at 93.7% (first dose) and 91.9% (second dose); third dose Covid-19 "booster" is at 56.9 % and 37.6% of staff have had their flu vaccinations |

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| | Updates for KSO 2;<br><br>1. Rationale for Current Risk Score:<br><br>• 4 of 9 of the Trust's current Significant Risks are aligned to this objective<br><br>2. Assurance:<br><br>• The Trust has 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.<br><br>3. Controls in Place:<br><br>• Trust's new Head of Cyber Security commenced in post 11 October 2021<br><br>The Principal risks have been reviewed and approved by the relevant Executive as well as at A&REG. Their grading remains unchanged;<br><br>For KSO 1 Risk ID 2592 is graded at 16.<br><br>For KSO 2 Risk ID 2757 is graded at 20. |
| **Recommendation:** | The Board is asked to:<br><br>• 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:** November 2021
**NEXT REVIEW SCHEDULED:** December 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**
**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
- Planned ward re-alignments for tackling winter pressures has been delayed 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

**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
- Planned UECSTSG relaunched to provide system support for emergency care
- Leadership of ICS care recovery board to address elective waiting lists and health inequalities

**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 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. 20 of 23 conditions internally closed = 87%. 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 93.7% (first dose) and 91.9% (second dose); third dose Covid-19 "booster" is at 56.9 % and 37.6% 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

**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:** November 2021
**NEXT REVIEW SCHEDULED:** December 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)

**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

**Emergent Risks**
- Lack of capacity in the Estates team
- Lack of confirmation of years 2 and 3 funding for the RAAC Emergency Capital Programme in discussion with NHSE/I
- Lack of capacity in the Digital team

**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.

**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.

**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" ring-fenced surgical unit as part of the elective recovery programme.
- 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.
- 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