The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Meeting:	Board of Directors (In Public)		
Meeting Date:	2 February 2021	**Agenda item:**	9
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Quality KSO 1 & 2		
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Executive Sponsor:	Dr April Brown, Chief Nurse Denise Smith, Chief Operating Officer		

Implications

Link to key strategic objectives
[highlight which KKSO(s) this recommendation aims to support]

KSO1	**KSO2**	KSO3	KSO4	KSO5	KSO6
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, 2699, 2703, 2199, 2634, 2679, 2643, 2244, 2483, 2793, 2757, 392, 2343, 2708	
	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 (AREG) Board Sub - Committees

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: • KSO1 – QUALITY — Quality Committee • KSO2 – 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 opportunities.

The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director.

A report was received in October 2020 from Grant Thornton in relation to the Internal audit that was undertaken in relation to the Board Assurance Framework at the Trust and they concluded that they were Significantly assured with some improvement required. The recommendations from this report will be incorporated into the BAF and the Committee is requested to note the first change which is the separation of the 'Controls in Place' section and the 'Assurance' section.

Updates for KSO 1;

1. New risk approved at AREG in January 2021 and aligned to KSO 1;
    - 2708 COVID-19, Lack of resources. There is a risk that the Critical Care unit will not be able to facilitate the expected amount of COVID-19 patients needing ventilation in the Critical Care area. This will result in non-ITU trained staff being asked to manage these patients, and at a much higher staffing ratio than the national standard. The patients will need to be managed in different areas other then Critical Care which will have an impact of elective activity. There is also a risk that there will not be enough consumables to manage the patients safely and as a result, there is a risk that the staff will become infected themselves.

2. Assurance;
    - Positive feedback from unannounced CQC inspection which has been published
    - CQC has lifted 5 Maternity s31 conditions

3. Rationale for Current Risk Score;
    - COVID-19 risks continue

4. Controls in Place
    - New Lead Doctor for Adult Safeguarding appointed in October 2020
    - Deteriorating Patient Lead appointed in September 2020

5. Emergent Risks
    - Covid related staff sickness
    - Increasing non elective and Covid related demand leading to high occupancy and non-clinical patient moves for IPAC

Updates for KSO 2;

1. Rationale for Current Risk Score;
    - The size of the estate is unable to meet demand during the second wave of Covid-19

2. Controls in Place;
    - The Sandringham Ward is in use as an Amber surgical ward

	The Principal risks have been reviewed and approved by the relevant Executive as well as at AREG. Their grading remains unchanged; For KSO 1 Risk ID 2592 is the Principal Risk rated 16. For KSO 2 Risk ID 2757 is the Principal Risk rated 16.
Recommendation:	The Board of Directors 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 2021
NEXT REVIEW SCHEDULED: February 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
2699 COVID-19 (15) Trust-wide
2703 COVID (15) Medical division
2199 A&E Performance (15)
2634 Cancer waiting (16)
2679 End of life care (16)
2643 Diagnostic Imaging (16)
2762 Non Invasive Ventilation Therapy
2483 Reputational damage associated with CQC regulatory notices (16)
2708 COVID-19, Lack of resources (15)

Rationale for Current Risk Score

- 9 of 14 of Trust's current significant risks aligned to this objective
- Trust in Special Measures & and outstanding CQC notices
- Trust below target against majority of KPIs associated with quality and safety
- Trust below target against majority of KPIs associated with operational performance
- Trust consistently below target against majority of KPIs associated with patient experience
- Very high demand for services & Trust running at high capacity
- Delayed transfers of care continuing to exceed national standard
- Inconsistent compliance with standards and policies
- Sub-optimal pathways and variable flow through the organisation
- COVID-19 risks continue

Emergent Risks

- Covid related staff sickness
- Increasing non elective and Covid related demand leading to high occupancy and non-clinical patient moves for IPAC

Future Opportunities

- Development of closer partnership working in STP and with other partners
- Partnership working with NNUH to support palliative care
- Special Measures funding secured for 'Preparing for High Performance'
- Vaccine – 3100 doses administered in the first week

Assurance

- Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 42 of 46 conditions internally closed. 83% of all CQC conditions, must dos and should dos have been internally approved by EAG and moved to business as usual.
- Assurance received from CCG regarding Infection Control (amber to green) October 2020
- Documentation Audit of Fundamentals of Care has given positive assurance relating to consultant reviews, VTE prescribing and communication with relatives
- Infection control Board level self-assessment NHSI/E – August & November 2020
- Positive feedback from unannounced CQC inspection which has been published
- CQC has lifted 5 Maternity s31 conditions

Controls in Place

- Substantive Executive team & Divisional Leadership Teams in place
- Integrated Quality Improvement Plan and associated performance management structure in place. Prioritisation of outstanding actions complete with revised completion dates agreed.
- Peer reviews undertaken and actions monitored by SLT
- Accountability Framework in place to improve performance against standards and KPIs
- Corporate strategy and Quality priorities published underpinning work plans in development
- New Lead Doctor for Adult Safeguarding appointed in October 2020
- Deteriorating Patient Lead appointed in September 2020

Gaps in Control and Assurance

- Challenging non elective performance due to very high demand
- Cancellation of elective work due to non-elective demand
- Diagnostic imaging capacity and associated delays and backlog following pandemic response
- Variable operational performance
- Significant Section 31 Conditions and 29A warning notices – ED & Medicine outstanding, external support in place
- Care of the deteriorating and dying patient

KEY STRATEGIC OBJECTIVE 2 – QUALITY

EXECUTIVE OWNER: Chief Operating Officer
RESPONSIBLE COMMITTEE: Finance & Activity Committee
DATE LAST REVIEWED: January 2021
NEXT REVIEW SCHEDULED: February 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: 4(C) x 4(L) = 16
Target Risk Rating: 6-10
Risk Behaviour: MINIMAL - CAUTIOUS

Principal Risk – 2757 (16)
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)
2343 Cyber-crime (15)

Rationale for Current Risk Score
- Risk score reflects fact that 3 of the 14 current significant risks are aligned to achievement of 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 STP 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 during the second wave of Covid-19

Emergent Risks
- Lack of electronic patient records
- Lack of electronic prescribing
- Lack of capacity in the Estates team

Future Opportunities
- Engagement in development of OBC for capital investment in Diagnostic Assessment Centre (DAC)
- 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
- STP partnership work includes implementation of RIS / EPMA as well as the development of business cases for E-Obs and a system wide EPR solution.
- The Trust has submitted a case as part of the Health Infrastructure Plan 2

Assurance
- Cyber plan in place, cyber security reports and internal audits to Audit Committee and Board
- Resources identified to deliver digital strategy and cyber plan
- The Trust has submitted a case as part of the Health Infrastructure Plan 2

Controls in Place
- Capital Allocation has been made at an STP level and a Strategic Capital Board is in place with each organisation represented at Executive level.
- 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.
- STP Digital Strategy, and Annual digital plan in place – NED engagement in STP work-stream
- The Sandringham Ward is in use as an Amber surgical ward
- Board briefing session on cyber risk delivered in September by Head of Digital
- Ward review and bed modelling has been undertaken to understand the inpatient bed requirement to deliver 92% occupancy.

Gaps in Control and Assurance
- Additional capital has been allocated to the Trust and robust plans and business cases are required to ensure delivery of the capital plans within the year
- Trust has not rolled out electric patient records or electronic prescribing
- Identification and development of transformation schemes to support long term sustainability