Agenda item 9

KEY STRATEGIC OBJECTIVE 1 – QUALITY

EXECUTIVE OWNER: Chief Nurse
RESPONSIBLE COMMITTEE: Quality Committee

DATE LAST REVIEWED: October 2020
NEXT REVIEW SCHEDULED: November 2020

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)
2640 Transfusion service staffing (16)
2762 Non Invasive Ventilation Therapy
2483 Reputational damage associated with CQC regulatory notices (16)

Rationale for Current Risk Score

- 7 of 12 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 reduced

Emergent Risks

- Care of the deteriorating patient
- Increasing non elective and Covid related demand

Future Opportunities

- New Lead Doctor for Adult Safeguarding appointed in October 2020
- Deteriorating Patient Lead appointed in September 2020
- Participation in the NHSE/I Learning from Deaths collaborative
- 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'

Controls in Place and Assurance

- New governance framework and associated reporting structure 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.
- Progress in addressing Conditions and Notices monitored by Conditions and Notices Oversight Group and Trust Board. 43 of 46 conditions remain. Request to CQC for 5 conditions relating to Maternity to be lifted.
- 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
- Assurance received from CCG regarding Infection Control (amber to green) September 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 2020
- Positive feedback from unannounced CQC inspection
- CQC has recommended the Trust request a review of the Section 31 notices

Gaps in Control and Assurance

- 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: October 2020
NEXT REVIEW SCHEDULED: November 2020

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 2 of the 13 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.

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

Controls in Place and Assurance
- 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
- 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
- The Spire Sandringham site has been acquired by the Trust
- Board briefing session on cyber risk delivered in September by Head of Digital

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