BOARD ASSURANCE FRAMEWORK 2013 - 14 MAY 2014

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

STRATEGIC PRIORITY 1. QUALITY

No. and risk register X-ref	Corp. Objective	PRINCIPAL RISK	LEAD	MONITORING COMMITTEE	KEY CONTROLS & GAPS IN CONTROL	SOURCES OF ASSURANCE				POSITIVE ASSURANCES & GAPS IN ASSURANCE	ACTIONS	TARGET DATE	RESIDUAL RISK LXC	TARGET RISK
						Internally initiated or commissioned activity		Externally initiated or commissioned activity						
1 **RR** 976	1,4, 6	Failure to provide safe, effective care for patients, resulting in poor patient outcomes	MD/DoN/ COO	QC / CGC / QIDG	Quality Strategy - to be reviewed.		Quality Strategy Implementation Monitoring		Quality Account Audit - May 2013 CQUIN monitoring	Draft Quality Strategy endorsed at Quality Committee - December 2013 - to be further reviewed Mortality -**March 2014** - Crude (per 1,000 admissions) - 15.4 ytd (target 19) - RAMI - YTD - 86 (target 89.3) All deaths reviewed and graded form November 2013. CQUINs 2013 - 14 All CQUINs achieved or partlially achieved apart from Patient and Staff FFT CQUINs for 2014-15 agreed as part of contract negotiations. HSMR and SHMI measures of mortality monitored regularly.	Quality Strategy and Nursing Strategy to be aligned. Nursing Strategy to be approved. COG to continue to investigate diagnoses with higher than expected mortality.	July 2014 ongoing	4x4	1x4
					Patient Safety Outlier Alerts		Patient Safety Outlier alert response		CHKS alert reviews and benchmarking	No current patient safety outliers				

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1		Failure to provide safe, effective care for patients, resulting in poor patient outcomes			Clinical Audit Programme		Clinical Audits		National audits	CANs outcomes being reported and addressed at SQUABB meetings.				
					Datix-Web reporting - (Datix Incident reporting system - Datix-Web upgraded in Feb 2014)		Serious Incident and Never Event Monitoring		External SI and Never Event monitoring and benchmarking	**March 2014** - 0 Never Events and 0 'other' SIs, 0 medication error, 0 falls resulting in serious injury, 6 grade 3 PUs (66 YTD) and 0 grade 4 PU (2 YTD). External review of SLEs conducted on 05 Sept 2013. Independent KPMG Quality Governance Review complete External and KPMG review of 65 SLEs resulted in identification of one SLE to be re-categorised as an SI. QE learning events reporting methodology amended following CQC / RRR review. Datix-Web - incident dashboard, risk register, complaints, PALs and Legal - upgrade subject to business case approval and resolution of IT issues.	IT / Datix issues to be resolved - ICT team addressing.	tbc		
					Policies and procedures		Quality Performance Monitoring		Benchmarking Internal audits	**March 2014** - 0 MRSA, 12 C.Diff. (39 YTD - Ceiling 19) ***INTERNAL AUDITS - 2013-14*** Workforce Development & Training - Excellent Appraisal Systems - Limited Endoscopy Services - Good EDIS - Good E-Rostering - Satisfactory Data Quality DCS - Good Bank, Agency and Locum Staff - Satisfactory IG Training - Good Performance Management - Limited Risk Management -Limited Waiting List Management - limited	CQC Mock Inspection - May 15			

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		Failure to provide safe, effective care for patients, resulting in poor patient outcomes						CQC Mock Inspections	Consent - satisfactory Cinical Governance - satisfactory Medicines Management - Satisfactory Records - satisfactory Quality Improvement Deivery Group driving improvements in service quality. Integrated Quality Improvement Plan in place and being monitored via a PMO approach and CEO chaired committee. 'Buddying' arrangement established with GSTT on Nursing, acuity modelling, Obs and Gynae review etc. System-wide review commenced (SWIFT). Baker Tilly appointed as Internal Audit provider from April 2014. CQC external mock inspection				
								Monitor Governance Rating	External Stakeholder engagement plan impacted by W.N. Strategy Review	Trust attending monthly PRM with Monitor. CQC Inspection - 1st July 2014	Ongoing July 2014	4x4	
								External Assessments (e.g. Risk Summit)	RRR 12-14 August - report raised quality concerns CQC responsive Inspections - 14-15 & 22 May / 12-14 August - Report published - non-complaint with 13 standards and 4 CQC warning notices in place.				
								CQC Inspections					
					Integrated Quality Improvement Plan		Integrated Quality Improvement Plan monitoring - Quality Improvement Delivery Group	Peer / External Review of delivery of Quality Improvement Plans	Integrated Quality Improvement Plan being monitored and reported to Local Quality Surveillance Group (LAT) and Monitor for publication on NHS Choices website. Interim Quality Improvement Director in post. Quality Governance structure agreed.				

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2 **RR** 737	2	Inability or failure to respond to adverse patient experience indicators, leading to poor patient satisfaction, loss of reputation and patients choosing to receive treatment elsewhere	DoN	QC / PESG	Patient and Carer Experience Strategy		Patient and Carer Experience Strategy Monitoring		National Patient Surveys PLACE reviews	**March 2014** - Inpatient FFT 64 and A&E FFT 62 (YTD). Response rate 24.4 YTD - currently above CQUIN threshold at 21%. Cancer Patient Experience Survey - 87% excellent/very good overall (88% - national) - some areas to improve - PLACE review - Cleanliness - 99.1%, Food 77.09%, Privacy, Dignity and Wellbeing - 85.47%, Condition, Appearance and Maintenance 90.09% Patient and Listening Events programme in place for March and April 2014 Healthwatch undertaking an ausit of emergency attendances	Ward targets for FFT completion and ward-by-ward published results introduced.	Ongoing	**3x4**	**1x4**
							FFT and Internal Patient Surveys		HealthWatch audits					
					Complaints handling Procedures		CLIP Report		Complaints benchmarking	**March 2014** - Complaints 54 clinical 1 non-clinical Complaints and PALs co-located at front of hospital. NED oversight of complaints introduced . Review commissioned 16 Outstanding complaints issues incorporated into Integrated Quality Improvement Plan. Complaints Review concluded in Jan 2014. Complaints handling training twice a month for clinical staff - in place.	Independent Complaints Review recommendations to be delivered.	July 2014		

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3 **RR** 964 947 972 969 244 978 250 965 922 971 958 1001 794		Inability to align demand and capacity, resulting from or leading to staff shortages and resulting in cancelled elective work and operational pressures			Workforce Plan		Internal Monitoring			**March 2014** - Sickness Absence - 4.8% Nurse vacancies - 3.7% Medical and Dental vacancies - 8.6% CQC Warning Notice in place regarding staffing. Sept 2013 - Board approved minimum nurse to patient ratios of 1:8 (day) and 1:11 (night) subject to ward acuity. Nurse Staffing levels of 1:8 ad 1:11 achieved to January 2014 - daily achievement of ratios not without risk. BoD Workforce Committee established - Feb 2014.	Nurse Recruitment Drive ongoing. Nurses recruited from Portugal in post. Mitigations in place to ensure safe levels of staffing day and night - all actions incorporated into Integrated Quality Improvement Plan. Workforce Plan and Nursing Strategy (incorporating 6Cs) to be reviewed in context of sustainability review. Nursing and Midwifery Skills Mix report to Board - March 2014	July 2013 and ongoing July2014 (Nursing Strategy) March 2014	**4x4**	**2x3**

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	1,2		COO	TEC	Operational Capacity Planning procedures		Periodic sit-rep reporting		Urgent Care Network monitoring	CQC and RRR identified capacity issues subsumed into Integrated Quality Action Plan. Urgent Care Board monitoring Trust's 5 point plan for A&E. A&E Extension unit opened in March 2014 - in accordance with project plan. 'Magic Numbers' - local activity targets in place - March 2014	System-Wide review commenced and underway.	Nov 2013 and ongoing		
					Escalation Procedures		Internal Alert reporting/Majax reporting		System-wide monitoring (gold)	3 times daily ward risk-assessment process in place to ensure safe nurse staffing levels. Staffing measures, acuity modelling and bed closures where necessary, in place to ensure safe levels of staffing. Staffing issues reflected in Integrated Quality Improvement Plan - to be reported to LAT, HOSC and CCQ. 'Gold' response training arranged for March 18 2014 Nursing and Midwifery Skills Mix paper to Board				

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STRATEGIC PRIORITY 2. - ACCESS														
4 **RR** 956 969 998	1,2, 3,6	Inability to address internal access and patient flow issues, exacerbating operational pressures and resulting in cancelled elective work, lost income and an adverse impact on quality	COO/DPP	TEC	Operational Planning policies and procedures		Access Indicator Performance Monitoring		Contract Management	**March 2014** - A&E 4 hour target - 95.3% - Q4 target met. Trust has been challenged i sustaining performance since. Operational Performance Jan 2014 - The Trust failed to deliver the following targets in March 2014. • Choose & Book • Ambulance turnaround <=15 mins • ASI's per DBS booking % (Jan- 12% against a target of 3%) • Readmission rate elective • Readmission rate emergency • Cancelled ops • 18 weeks RTT admitted performance Elective LoS ECIST engaged on A&E A&E Extension open from March 2014. Additional support and A&E consultant appointment in train. Ambulatory Care Unit operational	A&E, 18 weeks and Cancer recovery plans in place. Choose and Book relaunch planned - DoH timetable awaited. IST engaged on Cancer Services (including access). Action plan developed in response to IST recommendations approved at EDs on 25 March 2014	May 2014 tbc	4x4	2x4
5 **RR** 969	1,3, 7	Effectiveness of the system-wide response to emergency access and intermediate care issues, resulting in poorly integrated patient pathways and delayed discharge	CEO/DPP/ COO	BoD	Stakeholder Engagement		Stakeholder engagement monitoring			External Stakeholder engagement plan impacted by W.N. Strategy Review			4x4	2x4
					Urgent Care Network		BSP - Access related POD monitoring		ECIST outcomes	Urgent Care Board monitoring of Trust Integrated Quality Improvement Plan . Urgent Care Pathway Task Group established and working from January 2014. ECIST commissioned to undertake additional work - January 2014 on A&E (achieving 95%) and IST on Cancer targets				

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6	1,3, 7	Poor marketing of the Trust's services, leading to patients choosing to receive services elsewhere	DoS / DPP	TEC	Engagement Strategy		Strategy Implementation monitoring		market share / referring patterns data monitoring	External Stakeholder engagement plan impacted by W.N. Strategy Review	External Stakeholder (SWIFT) Strategy Review. Monitor has announced intention to appoint a CPT.	Mar 2014 and ongoing Sept 2014	**4x4** Sep 2013	**1x3**
					AQP and tendering procedures		Business Opportunity evaluation		Contracts / SLAs	Older People's Services Tender submitted - awaiting decisions. Additional risk identified - QE clinical / financial sustainability position potential to adversely impact bid. GUM Tender risk identified - progressing	No current action - awaiting next stages of tender processes.	May 2014 - update		

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STRATEGIC PRIORITY 3. SUSTAINABILITY														
7 **RR** 992 1002	3,5, 7	Failure to develop commercial business models and contracting/commissioning relationships which are in the interests of the Trust, resulting in loss of key services, critical mass risk and increase in financial/viability risk	DoF / DoS	BoD / TEC	Contracting Process		Internal contract monitoring		Contract Monitoring / Contract Variation	Significant contract risk identified. Older People's Services tender risk identified. Vascular services risk identified System-wide review commenced - sign-up secured from all parties. Histopathology partner agreed by Board in Dec 2014. 2014/15 contracting negotiations underway 'Buddying' contact with Guy's & St Thomas' established on Business Planning Business Planning Steering Group and Working Groups established - Dec 2013.	Older People's Tender - awaiting decision. GUM Tender System-wide sustainability review underway. CPT likley to commence - Sept 2014	May 2014 - update tbc	**3x5**	**4x4**
					Commercial Decision-making framework		Business Case evaluation records		Contracts / SLAs	Procurement Strategy agreed by Finance Committee - July 2013. Commercial decision-making tool has informed Dir. S&T business decisions. 2014 – 15 contract signed				

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8 **RR** 999	6,6	Inability to agree and deliver realistic plans, leading to failure to secure a short-term balanced budget and longer term financial viability	DoF	BoD / FC	Business Planning processes and Monitor's APR and Provider Licence regime		Business Plan delivery monitoring		Monitor's PRM outcomes	**March 2014 -** Year End deficit - £13.m (Full Year Plan - £3m) BSP delivery £4.9m (full year plan - £9.3m) FRP Oversight Committee constiutued - chaired by CEO CIPs plan for 2014-15 to be overseen and riven by PMO.	• Nursing agency controls tightened by Director of Nursing • Therapists and nurse specialist review commenced 6 February • BSP approach disbanded and replaced with financial recovery programme • Detailed financial recovery plan being worked up • Short-term grip measures to control performance, including introduction of weekly performance and accountability meetings for clinical activity and cost control measures throughout the Trust • Executive Team review in progress • Support functions cost reduction in development	ongoing	**5x4**	**2x4**
10 **RR** 989	5,6, 7	Inability to drive a system-wide approach to sustainability, leading to a failure to achieve integrated services, and a threat to local services	CEO	BoD	External Review Urgent Care Network Stakeholder Engagement e.g. LAT, CCG, Community and Private providers		PwC sustainability project Board's Strategic discussion records		System-wide sustainability review QIPP programme External Engagement records	System-wide review commenced - sign-up secured from all parties. Sustainability 'Case for Change' to Board - Sept 2013. Memorandum of Understanding to Board - 24 Sept. Some workstreams identified, unlikely to address QE sustainability issues. West Norfolk has been given £200k for the LAT for review. The review will be focused on areas where there is the potential for integration at the interfaces, with a view to attracting further funding.	Trust working with system-wide review and with Monitor on long-term sustainability of services. Alliance Together publicity expected from February 2014. Monitor has annoiunced intention to appoint a CPT.	March 2014 and ongoing	**3x5**	**2x4**

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KEY:

Corporate Objectives 2013-14

1 Develop new ways to provide access to services which are safe, personalised, timely and cost effective
2 Consistently provide and promote to users, an excellent patient experience
3 Continually review the Trust's portfolio to ensure it remains relevant to local communities and where appropriate, develop complimentary partnerships, new delivery models or service growth
4 Develop a culture that supports the individual with professional development and so secure an expert workforce that can shape services and have passion for great care
5 Manage resources effectively and improve our financial strength in order to reinvest in service improvements and facilities
6 Ensure systems are in place to meet national and local regulatory and compliance standards
7 Further develop the Trust's corporate social responsibility in West Norfolk and beyond

Lead Directors

CE (Chief Executive)
DoN (Director of Nursing)
DPP (Director of Planning and Performance)
COO (Chief Operating Officer)
DoF (Director of Finance)
DoS (Director of Strategy)
MD (Medical Director)

Key Committees

QC – Quality Committee
QIDG - Quality Improvement Delivery Group
FC – Finance Committee
CGC – Clinical Governance Committee
NCGC – Non-Clinical Governance Committee
IPACC – Infection Prevention and Control Committee
Cog - Clinical Outcomes Group
GC – Governors' Council
TEC - Trust Executive Committee
BoD - Board of Directors
HREDC - Human Resources and Education Committee
PESG - Patient Experience Steering Group
BSPG - Business Sustainability Programme Group
CANS - Clinical Audit and National Standards Committee