

# Board Assurance Framework

April 2020

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## 1. Executive summary

Royal Papworth Hospital NHS Foundation Trust

### Purpose

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives. BAF risks are mapped to the Trust's strategic objectives and reporting is managed through the DATIX system and escalated through the relevant Trust Committee structures.

Action plans for BAF risks are reviewed on a monthly basis are captured within the Trusts' Datix reporting system. Executive Directors review open BAF risks on a monthly basis and the BAF risks are brought to Trust Committees at each meeting. The BAF tracker for April 2020 includes the long term trend for each BAF risk and is attached at Appendix A (above Appetite) and B (within Appetite).

### **Headlines**

Eighteen BAF risks have a Residual Risk Rating above Risk Appetite. **BAF 2532 Pandemic Risk** has a residual risk rating of 25 (5X5). The Pandemic risk appears as 'within' risk appetite. All BAF risks are managed to a level that is low as is reasonably practicable, however there are risks arising from the pandemic that we are not able to avoid, and that we are having to accept and manage in way that would not be tolerated under normal circumstances such as the cancellation of all routine surgery. The assessment of risk appetite is undertaken for each BAF risk and mitigations relating to COVID19 are set out on the next slide. There are areas noted, such as our focus on staff engagement and wellbeing where our risk appetite has been reduced to reflect the additional support that is needed at this time.

The BAF includes a new risk has been created around the delivery of the **Regional Super Surge Centre for Critical Care** and a separate BAF risk is to be established setting out risks on the availability and management of **Personal Protective Equipment** which will appear in future reports.

The close of the 2019/20 year has seen improvement in the rating of a number of BAF risks with confidence in delivery of trajectories for HCAIs, BAF 765, and those arising from national mitigation of the shortfalls in delivery of operational plans and capacity assumptions BAF Risks 2145/2148/2149.

### Key Issues

The maintenance of clinical, operational and financial control and stewardship remain critical during the NHS response to COVID-19 and the Trust will continue to comply with its legal responsibilities in this respect.

### **Other updates**

Reporting against the following BAF risks has been suspended as a part of the operational response to COVID 19: 730, 841, 843, 858, 865, 1787, 2249.

BAF 2147 Control total achievement: This risk has been closed as the Trust has sufficient financial resources to deliver the planned control total.

BAF 2225 FM Mobilisation: Moratorium agreement was concluded in April.

BAF 689 Pathology IMT is operating within appetite and is to be closed.

Reporting to Board Committees is now through the full Board report to allow streamlining of effort and resources to the COVID 19 response.

### **Principal Risks**

The April BAF tracker report reflects the earlier discussion at Board with principal risks relating to:

- 1. COVID-19 pandemic and the need to sustain operational effort and resources to the COVID 19 readiness and response.
- 2. Workforce, and the need to focus on recruitment and retention to support flow and our ability to deliver activity
- 3. Failure to optimise the new facility to deliver activity plans and meet patient demand.
- 4. The requirement to deliver our financial plan on a sustainable basis, addressing the underlying the structural deficit and our contribution to the wider system
- 5. Cyber security and data loss the need to ensure that our services are resilient to cyber attack and that residual risks to resilience are managed.

### Recommendation

The Board are requested to note the BAF report for April 2020.

## 1. Executive summary - continued

### Royal Papworth Hospital NHS Foundation Trust

#### BAF Risk 2532 Pandemic (as at 22 April 2020)

The Trust has had to change practice in response to the COVID-19 pandemic The Trust, its staff, patients and visitors will continue to be effected through the period of response to COVID-19.

The Trust Pandemic Risk has a residual risk rating of **25(5X5)**.

#### Key risks and mitigations:

The following risks have **materialised** and are being managed through the NHS and organisational response to COVID-19:

• We have an increased number of COVID19 cases with **52 positive patients** and nine patients waiting for test results. We have appropriate clinical protocols and PPE provision in place to limit staff exposure to COVID-19.

• The national position on the **supply and availability of PPE** is an increasing concern and this is to be escalated as a separate risk on the BAF. The Trust has procured and managed its PPE stocks in line with national guidance to ensure that we are able to meet our obligations to protect the health, safety and welfare of our staff. We have supplied PPE through 'mutual aid' following risk assessment of individual requests.

• Staff availability: **277 staff are away from work** either unwell, self-isolating or having caring responsibilities. A proportion of these staff are able to undertake work remotely and the Trust is deploying those staff to support in roles across the Trust. We have also re-deployed staff to work in different clinical areas and staff have undertaken training to support them in the roles they have taken on. The Trust is actively recruiting for staff and volunteers.

• Staff are working **additional and unsocial hours**. This is being reviewed and managed with redeployment and reduction in non-essential activities. We have also put in place numerous local health and wellbeing actions to mitigate this and are publicising the national offerings to support our staff.

• The Trust has **reduced routine surgery and outpatient activity**. It continues to accept urgent and emergency activity and has put in place virtual and telephone support for outpatients. We continue to review patients waiting to identify and manage them according to clinical priority.

• Local infrastructure has been compromised with transport and schools effected and wherever possible, we have put in place measures to support our staff to attend work including access to accommodation.

#### Measures in place to reduce the risk:

• Our COVID Pandemic Command and Control centre (C&C) has been active since the 13/3/2020. We have extensive joint working with CUH, the STP and national system and our Clinical Decision Cell is supporting C&C.

• All staff have been risk assessed and revised working arrangements have been put in place for those in high risk groups. All staff have been required to adopt social distancing as far as the requirements of their role permits.

• Our Infection Prevention and Control team is managing the provision, training and use of PPE for staff managing COVID-19 and at risk patients. Additional advice has been provided to all staff and patients and hand hygiene foam dispensers have been installed across the Trust.

• We are briefing our staff on a daily basis and to ensure they are fully aware of Trust and regional and national measures that are being put in place and how their role and work will be effected.

• Our procurement team continues to work with suppliers and regional and central teams to ensure continuation of supply of essential equipment and supplies including the procurement and allocation of ventilators and PPE equipment, which is largely subject to central control.

• The Trust recognises that it may be subject to increased incidence of cyberattack and fraud risks and is maintaining surveillance and system management to protect against these.

• We have put in place measures to allow continuity of decision making through the Trusts Committee and Governance structures and will capture those items that have been stepped down or 'parked' during the pandemic response.

• The Estates team are working closely with our soft and hard FM providers and have increased the frequency of PFI Operational meetings to support the Trust's operational response to the pandemic.

### 2 Risks Mapped to Strategic Objectives Analysis



Trust Objective	No. of Risk Mapped to Objective	Average RRR	Maximum RRR	Minimum RRR	Risks Opened	Risks Closed
1.1 Patients: QI Strategy	15	12.6	20	4		
1.2 Patients: Activity & Targets	15	14.0	25	6	2	1
2.1 Staff: Enabling Leaders	2	12.5	16	12		
2.2 Staff: Employer reputation	7	14.4	20	6		
3.1 Resources: Safe and effective	5	17.4	25	12	2	
3.2 Resources: Finances/recovery	19	15.0	25	9	2	1
4.1 Partners: Innovation	6	8.2	12	6		
4.2 Partners: Sustainability	2	7.0	8	6		

#### Trust Objectives 2019/20 Key

- 1.1 Implement our Quality Strategy to deliver continuous quality improvement
- 1.2 Deliver activity plan and meet our patient access targets
- 2.1 Invest in leaders to enable them to deliver excellent care
- 2.2 Enhance our reputation as an employer
- 3.1 Deliver a safe and effective move
- 3.2 Deliver financial plan and recovery programme
- 4.1 use the opportunity of our new hospital and location to innovate, develop partnerships
- 4.2 Partners STP: support system plans, lead cardiothoracic services and refine patient pathways to improve outcomes

Risks added to BAF since last report:	2
BAF Risks closed since last report:	1



### 3 Strategic Objectives by severity of Residual Risk Rating



	Seve	rity - R	lesidu	ial Ris	k Rating
Trust Objective	*Avge RRR Mar	*Avge RRR Apr	Maximum RRR	Minimum RRR	change in Avge RRR
1.1 Patients: QI Strategy	12.7	12.6	20	4	•
1.2 Patients: Activity & Targets	16.1	14.0	25	6	•
2.1 Staff: Enabling Leaders	12.5	12.5	16	12	0
2.2 Staff: Employer reputation	14.0	14.4	20	6	•
3.1 Resources: Safe and effective	16.7	17.4	25	12	•
3.2 Resources: Finances/recovery	16.7	15.0	25	9	0
4.1 Partners: Innovation	8.2	8.2	12	6	0
4.2 Partners: Sustainability	7.0	7.0	8	6	0

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#### Trust Objectives 2019/20 Key

1.1 Implement our Quality Strategy to deliver continuous quality improvement

1.2 Deliver activity plan and meet our patient access targets

2.1 Invest in leaders to enable them to deliver excellent care

- 2.2 Enhance our reputation as an employer
- 3.1 Deliver a safe and effective move

3.2 Deliver financial plan and recovery programme

4.1 use the opportunity of our new hospital and location to innovate, develop partnerships

4.2 Partners STP: support system plans, lead cardiothoracic services and refine patient pathways to improve outcomes

\* Average for risks included in current tracker report



### Appendix A: BAF Tracker Risks Above Risk Appetite



BAF Tr	racker	22/04/2020 \	3											
Produ	ced by	y Anna Pearm	an, Risk Manager											
Note:	Note: Data taken from Datix will reflect the score given to the risk as close as possible to 12th of th							w Exec informati	on to					
be up	dated	on Datix pos	t meeting.						_					
<b>₽</b>	<ul> <li>Exec</li> </ul>	<ul> <li>O pen ed</li> </ul>	Title	Feb-20	<ul> <li>▲ Mar-20</li> </ul>	Apr-20	_ atr		Risk Appetite	Risk Appetite 🛓 achieved	% Risk Assurance againt risk appetite	BAF with Datix <ul> <li>action plan</li> </ul>	<ul> <li>CQC/PIPR</li> </ul>	Responsible Committee in addition to the Board
678	EM	11/06/2014	Failure to meet cardiac and cancer waiting targets	16	16	16	↔	••••	12	×	75%	Y	Finance	Performance
684	JR		Failure to release staff to undertake educational activity due to workload	9	9	12	2 1	••••	8	×	67%	Y	People Manag.	
742	JR	30/01/2015	Safer staffing and Monitor's Agency Price cap	12	12	12	<mark>2</mark> ↔	****	6	×	50%	Y	Safe	Q&R
841	EM	01/02/2016	Delivery of Efficiency Challenges - CIP Board approved	20	20	20	→ (	•••••	12	×	60%	Y	Effective	Performance
843	EM	01/02/2016	Delivery of Efficiency Challenges - CIP targets	20	20	20	→ (	•••••	12	×	60%	Y(F)	Effective	Performance
865	EM	01/02/2016	Income Growth - activity transfers	16	16	16	↔	•••••	12	×	75%	Y(F)	Finance	Performance
873	TG	01/02/2016	Master Development and control plans - sale value	20	20	20	↔ (	······	10	×	50%	Y	Finance	Performance
874	TG	01/02/2016	Master Development and control plans - sales dates	15	15	15	5 ↔		10	×	67%	Y	Finance	Performance
1021	AR	17/02/2016	Potential for cyber breach and data loss	20	20	20	↔ (	····,	3	×	15%	Y	Safe	SPC,Performance
1162	EM	07/07/2016	We will not utilise our expertise to influence local strategy for cardiology	9	9	9	↔ (	••••	8	×	89%	Y	Transformatio	SPC
1787	JR	22/12/2017	Optimisation of the EPR systems	8	8	8	3 ↔	•••••	6	×	75%	Y	Safe	Q&R
1853	OM	27/04/2018	Turnover in excess of target and will increase as a result of the move	16	16	16	o ↔	•••••	8	×	50%	Y	Safe	Performance
1854	OM	27/04/2018	Unable to recruit number of staff with the required skills/experience	20	20	20	) $\leftrightarrow$	••••	8	×	40%	Y	Safe	Performance
1929	OM	23/07/2018	Low levels of Staff Engagement	16	16	16	↔	••••	6	×	38%	Y(HR)	People Manag.	Q&R
2146	TG	29/03/2019	Current Trading Impacts - Consultant Job Plans	15	15	15	↔	••••••	10	×	67%	Y(F)	Finance	Performance
2163	TG	29/03/2019	Efficiency assumptions	15	15	15	↔	•••••	12	×	80%	Y(F)	Finance	Performance
2249	JR	07/06/2019	Hospital Optimisation	15	15	15	↔	••••••	10	×	67%	Y(ED)	Effective	Performance, Q&R, SPC
2572	JR	16/04/2020	Super Surge COVID19			12	2 ↑		6	×	50%	Y(ED)	Effective	Board

### Appendix B: BAF Tracker Risks Below Risk Appetite



BAF Tracker	22/04/2020 v3												
Produced by Anna Pearman, Risk Manager													
Note: Data	aken from Datix will reflect the score given to the risk as close as possible to 12th of th	e mor	ith to	o ena	able ne	w Exec informati	on to						
be updated	on Datix post meeting.												
ID Exec	Title	Feb-20	Mar-20	Apr-20	atu	Long running	sisk Appetite	Risk Appetite achieved	% Risk Assurance againt risk appetite	BAF with Datix action plan	ac/F		Responsible Committee in addition to the Board
<b>* *</b>		· 💌	-	-	t,		-	-T-		*			- 0 ĕ -
675 JR	11/06/2014 Failure to stay within ceiling trajectories for all HCAI's	8	8	4	. ↓	•••••	6	$\checkmark$	150%	Y	Safe	Q&R	
689 AR	11/06/2014 Pathology IM&T systems	8	8	8	$\leftrightarrow$	••••	12	$\checkmark$	150%	Y	Transformatio	SPc	
730 RH	01/04/2015 R&D strategic recognition	6	6	6	$\leftrightarrow$	•••••	8	V	133%	Y	Responsive	Q&R	
858 JR	01/02/2016 Electronic Patient Record System - benefits (Linked to ID1787)	12	12	12	$\leftrightarrow$	•••••	12		100%	Y	Transformatio	SPC	
875 TG	01/02/2016 Master Development and control plans - local planning regulations	10	10	10	$\leftrightarrow$	••••	10		100%	Y	Transformatio	Performance	
2145 EM	29/03/2019 Current Trading Impacts - Planned Activity	25	25	10	↓ ↓	•••••••	12		120%	Y(F)	Effective	Performance	
2148 TG	29/03/2019 Current Growth	25	25	10	↓ ↓		12		120%	Y(F)	Finance	Performance	
2149 TG	29/03/2019 Capacity Assumptions	15	15	9	↓	••••••	10	V	111%	Y(F)	Finance	Performance	
2225 TG	29/03/2019 FM mobilisation and bedding in	15	15	15	$\leftrightarrow$	******	15	V	100%	Y(F)	Safe	Performance	
2338 AR	29/08/2019 EU exit	16	6	6	$\leftrightarrow$	••••••	16	V	267%	Y(ED)	Finance	Board	
2532 JR	05/03/2020 Pandemic			25	1	•	25	V	100%	Y(ED)	Effective	Board	