



Royal Papworth Hospital
NHS Foundation Trust

Board Assurance Framework

March 2021

Produced by
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1. Executive summary

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 and are captured within the Trusts' Datix reporting system. Executive Directors review open BAF risks on a monthly basis and BAF risks are brought to Trust Committees at each meeting. The BAF tracker for March 2021 includes the Residual Risk Rating (RRR) and long term trend for each BAF risk and is attached at Appendix A (above Appetite) and B (within Appetite).

Headlines: Eleven risks have a Residual Risk Rating above Risk Appetite.

New BAF Risks: BAF 2829: Achieving Financial Balance: IF the Trust does not achieve financial balance in the current year and beyond THEN the Trust will be subject to regulatory action which will impact on the Trust's ability to provide high quality, sustainable services to patients now and in the future. The following mitigations are in place to manage this risk:

- Monthly reporting of cash, I&E and activity position through Performance Committee and Trust Board
- Daily cash flow forecasting over rolling 12 month period
- Block clinical income contracts with NHSE and key CCG partners
- Activity recovery plans implemented where necessary and monitored through Performance Committee
- Cost investment controls through weekly vacancy control panel, monthly Investment Group and Performance Committee cycles
- Long term financial modelling updates
- CFCO involvement in STP Finance forum through FPPG
- Trust working with specialised commissioning on future funding frameworks and strategy for NHSE

Other updates:

BAF 2532 Pandemic: Trust remains in surge, however there has been further reduction in COVID activity since last month and good progress is being made with recovery and restoration of services; alongside staff rest and welfare. ECMO currently at 13. Respiratory services are no longer in COVID surge. CDC meetings continue at twice weekly. Operational huddle meetings continue, though now at alternate days to CDC. Risk rating reduced to 15 (C5xL3). This will appear in the next tracker report.

BAF 742: Safer Staffing: Care Hours Per Patient Day (CHPPD) for all areas during January remained green. The safe staffing fill rate was red (nights 85.3%/days 82.6%). This represented the impact of COVID staffing movements. During Jan 2021, RPH remained in surge for COVID with many staff re-deployed into Critical Care, so we continued to closely monitor staffing levels and skill mix in line with patient acuity, dependency and clinical activity - in order to titrate staffing as required in line with our COVID-19 response. No change in RRR (C4xL3).

Principal Risks (PR)

These risks were reviewed at the Board development session held on the 4 March 2021 and were felt to appropriately identify key risks to our strategic objectives. However the Board noted that the construction of PR3 required further consideration as we move into the new financial new year in the light of the operational and financial consequence of COVID19.

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.

1. Executive summary (Closed Risks)



Closed Risks:

BAF 684: Failure to release staff to undertake educational activity due to workload: Closure proposed following review through Education Steering Group who agreed this risk reflected a business as usual risk rather than specific consequence of educational activity. Revalidation activity continues with all relevant staff able to achieve (now BAU); release of staff for training considered alongside patient need/clinical activity and professional development/training needs (now a managed BAU risk). Where specific peaks in clinical activity/poor staffing result in reduced ability to release staff for training, this is considered at focused divisional meetings.

BAF 843: Delivery of Efficiency Challenges - CIP targets 2020/21: This has now been resolved for this financial year and the risk is now closed.

BAF 1162: We will not utilise our expertise to influence local strategy for cardiology: This risk is to be closed and refreshed under a new risk. (It appears on current tracker as closed 15/03/21).

Risks moved to CRR:

BAF 2145: Current Trading Impacts - Planned Activity

BAF 2146: Current Trading Impacts - Consultant Job

BAF 2148: Future Growth

BAF 2149: Capacity Assumptions: The Trust is working through an action plan which will reset planned activity levels in the context of its new operating model for Living with Covid-19.

BAF 2163: Efficiency assumptions

BAF 2541: Cash risk from increase COVID expenditure: Risk reduced in light of underspends against C-19 funding to date.

BAF 2697: Commissioning Framework/arrangements: The Trust is working with NHS England to understand the proposals for changes in the commissioning framework in the medium and long term.

The movement of suite of financial risks to the CRR follows review of the construction and management of those risks by the CFCO and team.

Recommendation

The Committee is requested to note the BAF report for March 2021.

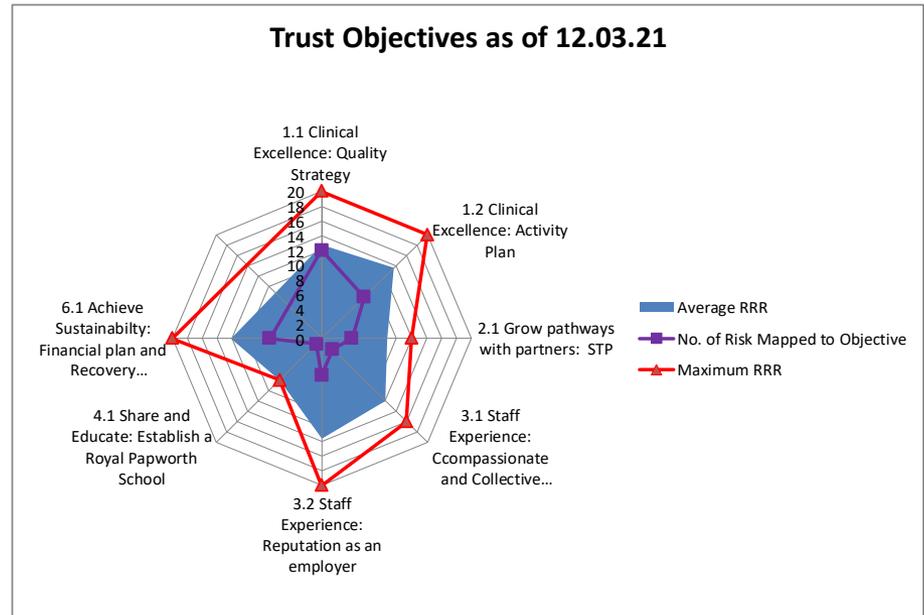
2 Risks Mapped to Strategic Objectives Analysis



Trust Objective	No. of Risk Mapped to Objective	Average RRR	Maximum RRR	Minimum RRR	Risks Opened	Risks Closed
1.1 Clinical Excellence: Quality Strategy	12	12.75	20	4		1
1.2 Clinical Excellence: Activity Plan	8	13.63	20	6		4
2.1 Grow pathways with partners: STP	4	8.75	12	6		1
3.1 Staff Experience: Ccompassionate and Collective Leadership	2	12	16	8		1
3.2 Staff Experience: Reputation as an employer	5	13.6	20	6		1
4.1 Share and Educate: Establish a Royal Papworth School	1	8	8	8		
6.1 Achieve Sustainabilty: Financial plan and Recovery programme	7	12.17	20	6	1	8

Trust Objectives 2020/21 Key

- 1.1 Clinical Excellence: Implement our Quality Strategy
- 1.2 Clinical Excellence: Deliver Our Activity Plan
- 1.3 Clinical Excellence: Use Digital as a key enabler
- 2.1 Grow pathways with partners: Continue to work in partnership with the STP
- 3.1 Staff Experience: Invest in our compassionate and collective leadership
- 3.2 Staff Experience: Enhance our reputation as an employer
- 4.1 Share and Educate: Establish a Royal Papworth School
- 5.1 Research and Innovate: Ensure progression of HLRI
- 5.2 Research and Innovate: Development of plans for utilisation of HLRI
- 6.1 Achieve Sustainabilty: Deliver our Financial plan and Recovery programme



3 Strategic Objectives by severity of Residual Risk Rating

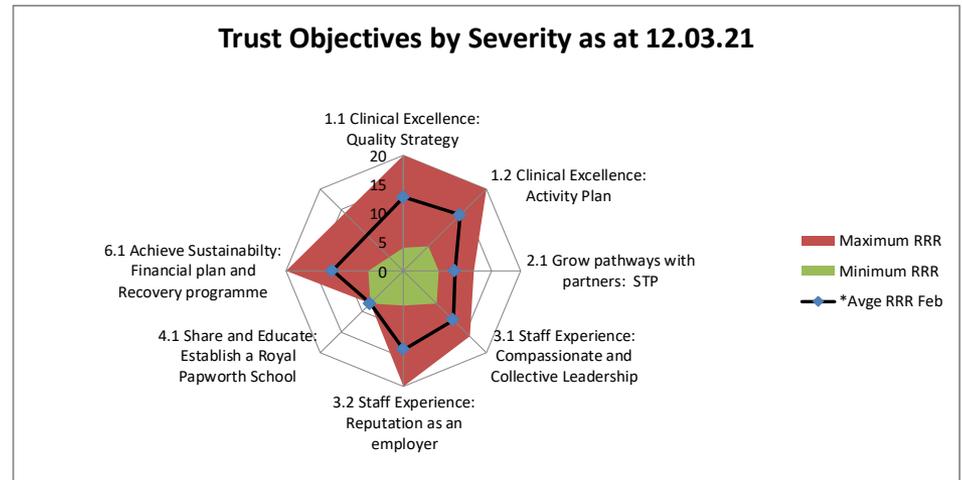


Trust Objective 2020/21	Severity - Residual Risk Rating				
	* Avge RRR Jan	* Avge RRR Feb	Maximum RRR	Minimum RRR	change in Avge RRR
1.1 Clinical Excellence: Quality Strategy	12.8	12.8	20	4	●
1.2 Clinical Excellence: Activity Plan	13.6	13.6	20	6	●
2.1 Grow pathways with partners: STP	8.8	8.8	12	6	●
3.1 Staff Experience: Compassionate and Collective Leadership	12.0	12.0	16	8	●
3.2 Staff Experience: Reputation as an employer	13.6	13.6	20	6	●
4.1 Share and Educate: Establish a Royal Papworth School	8.0	8.0	8	8	●
6.1 Achieve Sustainability: Financial plan and Recovery programme	12.2	12.1	20	6	●

Trust Objectives 2020/21 Key

- 1.1 Clinical Excellence: Implement our Quality Strategy
- 1.2 Clinical Excellence: Deliver Our Activity Plan
- 1.3 Clinical Excellence: Use Digital as a key enabler
- 2.1 Grow pathways with partners: Continue to work in partnership with the STP
- 3.1 Staff Experience: Invest in our compassionate and collective leadership
- 3.2 Staff Experience: Enhance our reputation as an employer
- 4.1 Share and Educate: Establish a Royal Papworth School
- 5.1 Research and Innovate: Ensure progression of HLR1
- 5.2 Research and Innovate: Development of plans for utilisation of HLR1
- 6.1 Achieve Sustainability: Deliver our Financial plan and Recovery programme

* Average for risks included in current tracker report



Appendix A: BAF Tracker Risks Above Risk Appetite



BAF Tracker 12/03/2021														
Produced by Dinusha De Silva, Risk Officer														
Note: Data taken from Datix will reflect the score given to the risk as close as possible to 12th of the month to enable new Exec information to be updated on Datix post meeting.														
ID	Exec	Opened	Title	Dec-20	Jan-21	Feb-21	Status since last month	Long running Trend	Risk Appetite	Risk Appetite achieved	% Risk Assurance against risk appetite	BAF with Datix action plan	COC/PIPR	Responsible Committee in addition to the Board
678	EM	11/06/2014	Failure to meet cardiac and cancer waiting targets	16	16	16	↔		12	<input checked="" type="checkbox"/>	75% Y	Finance	Performance	
742	IG	30/01/2015	Failure to meet safer staffing and Monitor's Agency Price cap	12	12	12	↔		6	<input checked="" type="checkbox"/>	50% Y	Safe	Q&R	
841	EM	01/02/2016	Delivery of Efficiency Challenges - CIP Board approved	20	20	20	↔		12	<input checked="" type="checkbox"/>	60% Y	Effective	Performance	
1021	AR	17/02/2016	Potential for cyber breach and data loss	20	20	20	↔		3	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	89% Y	Transformation	SPC	
1787	IG	22/12/2017	Optimisation of the EPR systems	8	8	8	↔		6	<input checked="" type="checkbox"/>	75% Y	Safe	Q&R	
1853	OM	27/04/2018	Staff turnover in excess of our target level	15	15	15	↔		8	<input checked="" type="checkbox"/>	53% Y	Safe	Performance	
1854	OM	27/04/2018	Unable to recruit number of staff with the required skills/experience	15	15	15	↔		8	<input checked="" type="checkbox"/>	53% Y	Safe	Performance	
1929	OM	23/07/2018	Low levels of Staff Engagement	16	16	16	↔		4	<input checked="" type="checkbox"/>	25% Y(HR)	People Manag. & Cult.	Q&R	
2572	JR	16/04/2020	Super Surge COVID19	8	8	8	↔		6	<input checked="" type="checkbox"/>	75% Y(EDs)	Effective	Board	
2829	TG	23/02/2021	Achieving financial balance			12	↑		8	<input checked="" type="checkbox"/>	67% Y(F)	Finance	Performance	
			Parked due to COVID											

Appendix B: BAF Tracker Risks Below Risk Appetite



BAF Tracker 12/03/2021

Produced by Dinusha De Silva, Risk Officer

Note: Data taken from Datix will reflect the score given to the risk as close as possible to 12th of the month to enable new Exec information to be updated on Datix post meeting.

ID	Exec	Opened	Title	Dec-20	Jan-21	Feb-21	Status since last month	Long running Trend	Risk Appetite	Risk Appetite achieved	% Risk Assurance gained risk appetite	BAF with Datix action plan	COC/PIPR	Responsible Committee in addition to the Board
675	JR	11/06/2014	Failure to protect patient from harm from hospital acquired infections	4	4	4	↔		5	<input checked="" type="checkbox"/>	125%	Y	Safe	Q&R
730	RH	01/04/2015	R&D strategic recognition	6	6	6	↔		8	<input checked="" type="checkbox"/>	133%	Y	Responsive	Q&R
858	AR	01/02/2016	Electronic Patient Record System - benefits (Linked to ID1787)	12	12	12	↔		12	<input checked="" type="checkbox"/>	100%	Y	Transformation	SPC
2338	AR	29/08/2019	EU exit	6	6	6	↔		16	<input checked="" type="checkbox"/>	267%	Y(EDs)	Finance	Board
2532	IG	05/03/2020	Pandemic	15	20	20	↔		25	<input checked="" type="checkbox"/>	125%	Y(EDs)	Effective	Board
			Parked due to COVID											