



Royal Papworth Hospital
NHS Foundation Trust

Board Assurance Framework

May 2022

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1. Executive summary



Royal Papworth Hospital
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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. All 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.

The BAF tracker report includes the Residual Risk Rating (RRR) and long-term trend for each BAF risk showing risks above Risk Appetite and within Appetite. Risks are mapped to the CQC Key Lines of Enquiry (KLOEs). All BAF risks are assigned to a Board Committee and Committee reports include further detail on controls and assurance for each risk.

Headlines: Seventeen risks have a Residual Risk Rating above Target.

New BAF Risks: None

Other updates:

BAF 675: Hospital acquired infections: RRR increased to 16 (C4xL4). Our SSI rate remains above national benchmark. Controls have been reviewed by the DIPC and an action plan has been agreed by EDs. The IPC team is supporting clinical areas with improvements and harm reviews are being reviewed at M&M meetings. We have increased audits and have a communications plan to support messaging to staff. Remedial plan presented at Q&R.

BAF 3009: Supply of consumables: RRR increased to 12 (C4xL3) reflecting the assessment of risk to theatre procurement. The Trust has developed its response to supply chain management in response to COVID19 and will apply this learning in the management of the supply issues identified.

BAF 2532: COVID Pandemic: RRR reduced to 10 (C5xL2). The prevalence and impact of COVID-19 is decreasing. Updates have been made to hospital policy and IPC guidance as required, in line with the national guidance.

BAF 3008: Clinical Research Facility Core Grant Funding: RRR reduced to 9 (C3xL3) reflecting the agreed funding of £1.25m. The Trust will need to close the residual gap through other funding sources.

Closed Risks: None.

Principal Risks (PR) The Board has agreed the following principal risks to delivery of its strategic objectives which underpin the delivery of outstanding, safe and high-quality care:

PR1 Workforce: Failure to maintain a committed and skilled workforce in adequate numbers to support delivery of high-quality care, through staff that are aligned to our shared values, behaviours and purpose.

PR2 Productivity: Failure to achieve sufficient patient throughput to support timely and equitable access to care, and achieve financial stability, through optimising the productivity of our people and facilities.

PR3 Finances: Failure to deliver our financial plan on a sustainable basis addressing the underlying structural deficit and our contribution to the wider system through rigorous financial management and an effective response to uncertainties in the future mechanisms for commissioning and innovation in specialised services.

PR4 Cyber security and data loss: Failure to ensure that our services are as resilient as possible to ever present and escalating Cyber-attacks through the application of up-to-date cyber security controls, training, surveillance and early warning of potential threats, applying systems and management practices that ensure residual risks are mitigated appropriately.

Recommendation

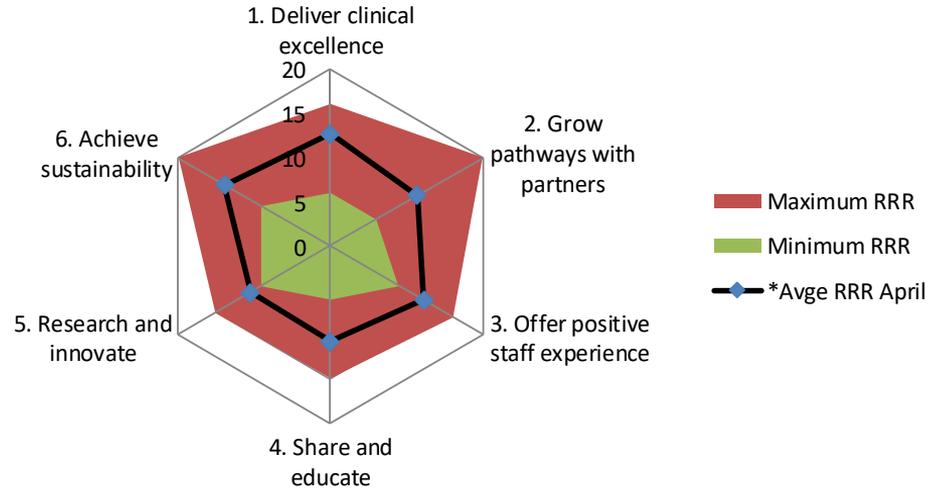
The Board is requested to note the BAF report for May 2022.

2. Risks Mapped to Strategic Objectives

Trust Objective 2022/23	* Ave RRR Mar	* Ave RRR April	Maximum RRR	Minimum RRR	change in Ave RRR
1. Deliver clinical excellence	12.8	12.6	16	6	●
2. Grow pathways with partners	11.9	11.4	20	6	●
3. Offer positive staff experience	13.0	12.3	16	9	●
4. Share and educate	10.8	10.8	15	6	●
5. Research and innovate	11.3	10.5	15	9	●
6. Achieve sustainability	14.5	13.8	20	9	●

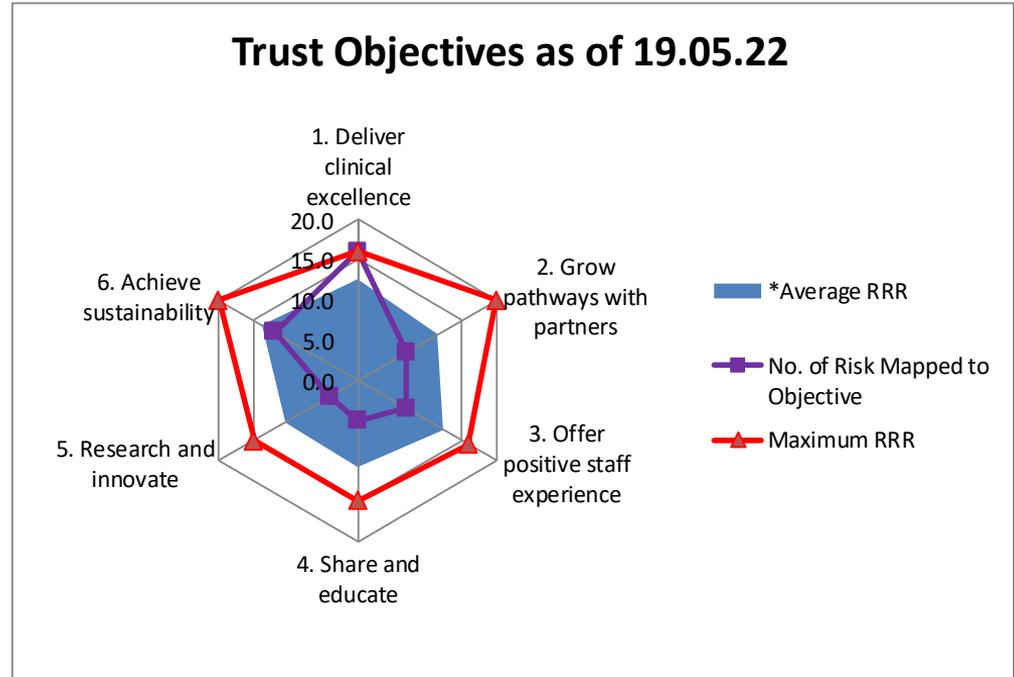
* Average for risks included in current tracker report

Trust Objectives by Severity as at 19.05.22



3. Strategic Objectives by Severity of RRR

Trust Objective 2022/23	No. of Risk Mapped to Objective	* Average RRR	Maximum RRR	Minimum RRR	Risks Opened	Risks Closed
1. Deliver clinical excellence	16	12.6	16	6		
2. Grow pathways with partners	7	11.4	20	6		
3. Offer positive staff experience	7	12.3	16	9		
4. Share and educate	5	10.8	15	6		
5. Research and innovate	4	10.5	15	9		
6. Achieve sustainability	12	13.8	20	9		



* Average for risks included in current tracker report

4. BAF Tracker Risks Above Target



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BAF Tracker 19/05/2022 Committee Update

ID	Exec	Opened	Title	Feb-22	Mar-22	Apr-22	Status since last month	Long running Trend	Target Risk Rating	% RRR achieved	Risk Target achieved	S01	S02	S03	S04	S05	S06	Responsible Committee	Safe	Effective	Finance	People Manag. & Cult.	Responsive	Transformation
675	MS	11/06/2014	Failure to protect patient from harm from hospital acquired infections	8	12	16	↑		6	38%	<input checked="" type="checkbox"/>	★						Q&R	★					
678	EM	11/06/2014	Waiting list management	16	16	16	↔		8	50%	<input checked="" type="checkbox"/>	★						Performance					★	
730	RH	01/04/2015	R&D strategic direction and recognition	9	9	9	↔		6	67%	<input checked="" type="checkbox"/>					★		Q&R					★	
742	MS	30/01/2015	Failure to meet safer staffing (NICE guidance and NQB)	12	12	12	↔		8	67%	<input checked="" type="checkbox"/>	★	★	★	★		★	Q&R	★					
858	AR	01/02/2016	Lorenzo Optimisation - Electronic Patient Record System - benefits	8	12	12	↔		6	50%	<input checked="" type="checkbox"/>	★	★	★				SPC						★
1021	AR	17/02/2016	Potential for cyber breach and data loss	20	16	16	↔		9	56%	<input checked="" type="checkbox"/>	★					★	Performance	★					★
1853	OM	27/04/2018	Staff turnover in excess of our target level	15	15	15	↔		6	40%	<input checked="" type="checkbox"/>	★		★			★	Performance				★		
1854	OM	27/04/2018	Unable to recruit number of staff with the required skills/experience	12	16	16	↔		8	50%	<input checked="" type="checkbox"/>	★		★			★	Performance	★			★		
1929	OM	23/07/2018	Low levels of Staff Engagement	12	12	12	↔		8	67%	<input checked="" type="checkbox"/>	★		★				Q&R				★		
2829	TG	23/02/2021	Achieving financial balance	16	20	20	↔		8	40%	<input checked="" type="checkbox"/>	★					★	Performance			★			
2833	TG	06/02/2021	Maintaining safe and secure environment across the organisation	8	16	16	↔		8	50%	<input checked="" type="checkbox"/>	★						SPC	★					
2901	EM	06/05/2021	Delivery of Trust 5 year strategy	9	9	9	↔		6	67%	<input checked="" type="checkbox"/>	★	★	★	★	★	★	SPC		★	★	★	★	★
2904	TG	11/05/2021	Achieving financial balance at ICS level	20	20	20	↔		12	60%	<input checked="" type="checkbox"/>		★				★	Performance			★			
2985	TG	18/08/2021	Key Supplier Risk	20	10	10	↔		6	60%	<input checked="" type="checkbox"/>	★						Performance		★			★	
3009	TG	27/08/2021	Continuity of supply of consumable or services failure	10	10	12	↑		6	50%	<input checked="" type="checkbox"/>	★						Performance	★	★	★		★	
3040	MS	29/09/2021	M.Abscessus (linked to BAF risk ID675)	15	15	15	↔		10	67%	<input checked="" type="checkbox"/>	★			★	★	★	Q&R	★					
3074	TG	16/11/2021	NHS Reforms & ICS strategic risk	12	12	12	↔		8	67%	<input checked="" type="checkbox"/>		★		★		★	Performance		★	★		★	★

5. BAF Tracker Risks Below Target



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BAF Tracker 19/05/2022 Committee Update

ID	Exec	Opened	Title	Feb-22	Mar-22	Apr-22	Status since last month	Long running Trend	Target Risk Rating	% RRR achieved	Risk Target achieved	SO1	SO2	SO3	SO4	SO5	SO6	Responsible Committee	Safe	Effective	Finance	People Manag. & Cult.	Responsive	Transformation
2532	MS	05/03/2020	COVID Pandemic	15	15	10	↓		10	100%	<input checked="" type="checkbox"/>	★		★			★	Q&R	★	★		★	★	
2854	EM	15/03/2021	ICS engagement	6	6	6	↔		6	100%	<input checked="" type="checkbox"/>	★	★		★			SPC						★
3008	TG	27/08/2021	Clinical Research Facility Core Grant Funding	12	12	9	↓		9	100%	<input checked="" type="checkbox"/>	★	★				★	★	SPC			★		★