The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 July 2021	**Agenda item:**	16
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Healthy Lives KSO 5 & 6		
Author:	Douglas Woodcock – Risk Manager		
Executive Sponsor:	Dr Frankie Swords – Medical Director Jo Humphries – Director of People		

Implications

Link to key strategic objectives
[highlight which KKSO(s) this recommendation aims to support]

KSO 1	KSO 2	KSO 3	KSO 4	**KSO 5**	**KSO 6**
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	*Partnership working, clinical and financial sustainability*	***Healthy lives staff and patients***	***Investing in our staff***

Board assurance framework	KSO 5 KSO 6	
Significant risk register	There are currently no significant risks aligned to KSO 5 or KSO 6	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	
Legal and regulatory	Y	
Financial	Y	

Assurance route

Previously considered by:	Assurance and Risk Executive Group (A&REG) Quality Committee (KSO 5) People Committee (KSO 6)

Executive summary

Action required: *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review

Purpose of the report:	The Board Assurance Framework (BAF) is to be received by the Board for assurance
Summary of Key issues:	The Trust's BAF reflects the 6 Key Strategic Objectives identified as part of the Corporate strategy. Each of the Key Strategic Objectives has a 'Principal Risk' and Significant Risks (those scoring 15 or above) aligned to the most relevant Key Strategic Objective. Risks aligned to Healthy Lives Key Strategic Objectives 5 and 6 are overseen by Board Committees as shown below: • KSO 5 – HEALTHY LIVES Quality Committee • KSO 6 – HEALTHY LIVES People Committee Each one page BAF section includes the Key Strategic Objective, relevant risk appetite statements, target risk ratings, Principal Risk, aligned

	Significant Risks, rationale for principal risk rating, controls and assurances, gaps in assurance, emerging risks and opportunities. The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director. Updates for KSO 5; KSO 5 was reviewed by the Medical Director in-month; however, there were no changes to the previous update provided to the Board meeting on 01 June 2021. Updates for KSO 6; KSO 6 was reviewed by the Director of People in-month; however, there were no changes to the previous update provided to the Board meeting on 01 June 2021. The Principal risks have been reviewed and approved. Their grading remains unchanged; For KSO 5 Risk ID 2760 is graded at 12. For KSO 6 Risk ID 2761 is graded at 12.
Recommendation:	The Board is asked to: • Note the current position relating to the BAF and Significant Risks aligned to the BAF
Acronyms	BAF - Board Assurance Framework

KEY STRATEGIC OBJECTIVE 5 – HEALTHY LIVES

EXECUTIVE OWNER: Medical Director
RESPONSIBLE COMMITTEE: Quality Committee
DATE LAST REVIEWED: June 2021
NEXT REVIEW SCHEDULED: July 2021

Strategic Objective
To support our patients to improve their health and clinical outcomes

Risk Appetite
We have a **LOW** risk appetite for risks that might compromise the delivery of outcomes for our patients
We have a **HIGH** risk appetite for Clinical Innovation that does not compromise the quality of care.
We have a **MODERATE** risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the Trust.

Initial Risk Rating: 4(C) x 3 (L) = 12
Current Risk Rating: 4(C) x 3 (L) = 12
Target Risk Rating: 6-10
Risk Behaviour: MINIMAL - CAUTIOUS

Principal Risk – 2760 (12)

There is a risk that the Trust is unable to adequately support our patients to improve their health and clinical outcomes

Rationale for Current Risk Score
- No significant risks currently aligned to the achievement of this objective, however, risk grading at 12 reflects current position relating to Clinical Audit, NICE guidance and clinical guidelines
- Trust SHMI within expected ranges
- HEE /GMC action plan complete and conditions lifted
- HEE risk rating improved and enhanced monitoring lifted.
- Weekend and overall HSMR remain outside of control limits

Aligned Significant Risks
No Significant Risks currently aligned to this principal risk

Emergent Risks
- Delay in the development of smoke free hospital site due to pandemic
- There is uncertainty around what the demands upon the Trust will be following the Shrewsbury and Telford recommendations
- Rising HSMR
- No further improvement on clinical guidelines in month (still at 12% out of date)
- Vacancies in the research team may prevent us from reaching the new target for NIHR trials

Future Opportunities
- Development of health promotion strategy
- Increased ICS joint working to improve local health outcomes
- Improving position on NICE guidelines (down from 11 to 1 in March)
- Clinical prioritisation underway.
- Plans to open cancer wellness centre (planned opening date 10 May 2021).
- There is ICS-wide work in progress to develop a common policy in preparation for clinical harm reviews.

Assurance
- Participation in national and local Clinical Audits
- Trust exceeding expectations regarding participation in clinical research. Trust has fastest clinical trial set-up time in the region. The Trust has exceeded the annual target for NIHR trials and the revised stretch target of 2000 research accruals for 2020/2021.
- Trust removed from enhanced monitoring for all specialties
- 35 Trust staff have completed Quality Improvement & Service Re-design (QISR) training
- Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR
- Full assurance on Dr Foster analysis regarding overall HSMR

Controls in Place
- Process in place to review and update policies in accordance with required timescales
- Research governance framework in place
- Full Medical Examiner Team in place reviewing 100% in patient deaths
- Breast and cervical screening programmes had been affected by the pandemic, now fully re-established and backlogs cleared

Gaps in Control
- Some Trust policies remain out of date
- Smoke free site remains on hold

Gaps in Assurance
- Ongoing elevated HSMR though SHMI remains as expected and support from NHSEI for action plan in place
- Partial assurance with progress on local and national audits

KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

EXECUTIVE OWNER: Director of People
RESPONSIBLE COMMITTEE: People Committee
DATE LAST REVIEWED: June 2021
NEXT REVIEW SCHEDULED: July 2021

Strategic Objective
To maximise opportunities for our staff to achieve their full potential so that the Trust can deliver outstanding care

Risk Appetite
We have a **MODERATE** risk appetite for decisions taken in relation to workforce.

Initial Risk Rating: 4(C) x 3 (L) = 12
Current Risk Rating: 4(C) x 3 (L) = 12
Target Risk Rating: **12-16**
Risk Behaviour: CAUTIOUS

Principal Risk – 2761 (12)
There is a risk that Trust leaders are unable to maximise opportunities for staff which could impact on the ability of staff to deliver outstanding care

Rationale for Current Risk Score
- No Significant Risks currently aligned to the achievement of this objective
- Trust achieving safer staffing levels
- Most workforce related KPIs were below trajectory, e.g. sickness, mandatory training and appraisal rates, (however, improvement has been noted)
- National workforce shortages in key clinical areas
- Recruitment is ongoing for international nurses, HCSWs, domestic and admin support

Emergent Risks
- Difficulties in recruitment and retention for EU nationals now UK has left EU
- Local health inequalities may affect staff's abilities to achieve potential

Aligned Significant Risks
No Significant Risks currently aligned to this principal risk

Future Opportunities
- Overseas recruitment campaigns
- Further development of staff benefits
- Further development of flexible and forward-thinking employment policies

Assurance
- Safer staffing levels being achieved, daily escalation and process in place to ensure safe staffing
- Recruitment pipeline management in place and compliance with standards monitored. Time to recruit has reduced by a third from over 100 days to 60 days (as of Feb 21)
- First QEH Leadership Conference took place on 16 March 2021
- Fast track recruitment embedded in regular practice

Controls in Place
- System-wide integrated workforce plan is aligned with corporate and clinical strategy
- Leadership Academy in development, to include induction through to senior leadership development across all Trust areas
- Quality Service Improvement practitioner training continues
- there is a Policy Review Group established, chaired by the Director of Strategy – to update Trust policies and align across 3 acute ICS Trusts
- Local recruitment events programmed bi-monthly and taken place for admin, clerical and domestic, and HCSWs
- Review of mandatory training completed; new mandatory training framework being established
- Review of processes as part of culture transformation programme – electronic P forms for ease of use being implemented (including mandatory fields) – P4 Leaver's form first to be implemented
- Leaders masterclasses to focus on new approach to appraisals, values-based recruitment and clarity on expectations re: sickness absence management; values into action workshops available for all staff throughout rest of 2021
- New integrated staff wellness service being developed (previously known as Occupational Health)

Gaps in Control
- Staffing resource in the HR department may affect development and delivery of key trust strategies and policies
- Prior lack of effective and consistent mechanisms for addressing poor performance, being addressed through leadership development and appraisal programme (see controls)

Gaps in Assurance
- Workforce KPIs below trajectory, however People Committee notes improvements have been made
- Occupational Health recall systems ineffective and manual process in place