The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	2 August 2022	**Agenda item:**	17
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Healthy Lives KSO 5 & 6		
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Executive Sponsor:	Dr Govindan Raghuraman – Acting Medical Director Louise Notley – Director of Patient Safety		

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. Other risks listed below	
	Y/N	If Yes state impact/ implications and mitigation
Quality	Y	Risks in relation to the quality of care the Trust provides (as evidenced by audits and clinical guidelines) are aligned to KSO 5
Legal and regulatory	Y	Risks associated with potential legal or regulatory action in the event of poor audit participation are aligned to KSO 5
Financial	Y	Risks in relation to the financial aspect of staffing, such as agency staffing and staffing development schemes, are aligned to KSO 6.

Assurance route

Previously considered by:	Safe Executive Group (SEG) 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; 1. Emergent risks: • The Trust currently has an increased number of NICE records outstanding 2. Future Opportunities: • Clinical prioritisation underway based on new policy Updates for KSO 6; 1. Rationale for current risk score: • Difficulties in recruitment and retention for EU nationals now UK has left EU 2. Emergent risks: • Operational pressures impacting on staff ability to access training 3. Future Opportunities: • Plans in place to recruit Associate Director of Quality Improvement 4. Controls in Place: • 3 staff members completing the QISR facilitator training in July, and establishing in-house QISR training for the organisation, reducing the dependency on external trainers • Monthly training trajectory for staff to complete QI training has been agreed, with bi-monthly reporting on progress to Quality Improvement Board (QIB) • Latest patient safety learning event held in July, sharing staff stories of improvement 5. Gaps in Assurance: • Mandatory training and appraisal compliance continues to fluctuate

	The Principal risks have been reviewed and approved by the relevant Executive, as well as at Safe Executive Group. 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: July 2022
NEXT REVIEW SCHEDULED: August 2022

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

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

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

Assurance
- More than 1000 participants were recruited to research studies in 2021/22 against a target of 750 participants
- Trust removed from enhanced monitoring for all specialties
- Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR
- 40 Trust staff have completed Quality Improvement & Service Re-design (QISR) training
- No evidence of differential waiting times for patients with different levels of deprivation or ethnicity
- Cancer Wellness Centre now open
- Full assurance of Covid death rates from national benchmarking
- SHMI remains as expected
- Latest data from Dr Foster confirms fall in HSMR
- Fall in exception reporting rate, indicating improved education experience for junior doctors
- Historic backlog of audits from 2019/20 and 20/21 remains at 16 audits. There is currently a backlog of 48 audits from 2021/22. Audit tracker and escalation process now in place.

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.

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
- Trust removed from HEE risk register in March 22 with confirmation that ongoing education improvement plan will move to business as usual monitoring

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
- Active management of waiting list to minimise health inequalities
- New guidelines lead appointed
- Audit improvement plan approved
- Clinical divisions and specialities receive monthly update reports of audit activity, NICE and clinical guidelines.
- clinical coding backlog cleared

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

Emergent Risks
- Expired local clinical guidelines have decreased by 7 from 74 (19%) in March to 67 in April. (18%). The volume of out of date clinical guidelines was escalated at May's Effectiveness Executive Group. The Group agreed for a risk to be raised on the Trust's risk register and for a separate risk to be placed by Medicine on their divisional risk register.
- The Trust currently has an increased number of NICE records outstanding
- Trials pharmacist has resigned, which will impact on clinical trial performance
- Rebasing of national metrics by Dr Foster may effect HSMR calculations

Future Opportunities
- Development of health promotion strategy
- Increased ICS joint working to improve local health outcomes
- Clinical prioritisation underway based on new policy
- System-wide plans are now in development to support smoke cessation across our system
- NHSE/I approval of learning from deaths plan
- Pilot complete for review of patients on the pain waiting list with support from South Norfolk Health, plan to extend to gynaecology, dermatology and ENT
- Approval has been granted for a smoke-free site project manager post
- Introduction of CREST and exception reporting for locally employed doctors

Gaps in Control
- Some Trust policies remain out of date
- Preliminary work for the smoke free site is underway; however full implementation has been delayed
- Divisional boards and clinical specialties acting on received clinical audit activity reports to manage overdue audit activity and clinical guidelines and NICE Guidance risks

Gaps in Assurance
- Partial assurance with local audits, but action plan approved to address this

KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

EXECUTIVE OWNER: Director of Patient Safety
RESPONSIBLE COMMITTEE: People Committee
DATE LAST REVIEWED: July 2022
NEXT REVIEW SCHEDULED: August 2022

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

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

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
- Difficulties in recruitment and retention for EU nationals now UK has left EU

Emergent Risks
- Local health inequalities may affect staff's abilities to achieve potential
- Current staff sickness levels in excess of target
- Operational pressures impacting on staff ability to access training

Future Opportunities
- Overseas recruitment campaigns
- Further development of staff benefits
- Further development of flexible and forward-thinking employment policies
- Recruitment rebranding and new recruitment campaign underway.
- Recruitment underway for TNAs for school of nursing placements
- Plans in place to recruit Associate Director of Quality Improvement

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 a 6-month average of 44.5 days (as of Oct 21)
- Third leadership summit took place on 15 March 2022
- Fast track recruitment embedded in regular practice
- Trust target of 15% of staff having completed QI training by year-end has been confirmed in the Year 3 Corporate Objectives
- Staff continue to attend QISR and QI fundamentals training. Training trajectories agreed
- The QEH won the award for Best Employee Experience and Engagement campaign at the Chartered Institute of Public Relations Excellence Awards in June

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
- Review of mandatory training completed; new mandatory training framework established and competency mapping into ESR being undertaken
- Review of processes as part of culture transformation programme
- New integrated staff wellness service being developed with new model anticipated to be in place by October 2022
- Guidance provided for managing rest breaks on shift and particularly night shifts.
- Long COVID-19 clinic now in place. Self-help support group implemented, and return to work programmes are ongoing.
- Systems and processes for management of Employee relations cases have been implemented which has demonstrated a reduction in timescales and completion of cases. Fast-track process in operation.
- Interim Head of Talent and Organisational Development now in post; early focus will be scoping talent succession programme. Substantive appointment expected July 2022.
- King's Fund high performing leaders launched in June 2022 , with cohort 1 and 2 commenced
- QI/Better Hospital Team now part of Patient Safety and Improvement Directorate to support quality improvement workstreams
- 3 staff members will be completing the QISR facilitator training in July, and will be establishing in-house QISR training for the organisation, reducing the dependency on external trainers
- Monthly training trajectory for staff to complete QI training has been agreed, with bi-monthly reporting on progress to QIB
- Divisions have agreed trajectory for improving appraisal compliance
- Latest patient safety learning event held in July, sharing staff stories of improvement

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
- Mandatory training and appraisals presented to EAG, however there was insufficient evidence to suggest sustained improvements post-pandemic. KPIs remain below target.
- Occupational Health recall systems ineffective and manual process in place
- Mandatory training and appraisal compliance continues to fluctuate