The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	7 December 2021	**Agenda item:**	17
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Healthy Lives KSO 5 & 6		
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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; 1. Emergent risks: • Improvement on clinical guidelines (however, 11% remain out of date) • Delays in appointing project lead for Smoke-free Site 2. Future Opportunities: • System-wide plans are now in development to support smoke cessation across our system • Pilot planned for active review of patients on the ophthalmology and pain waiting lists with support from South Norfolk Health 3. Assurance: • SHMI remains as expected • Latest data from Dr Foster confirms fall in HSMR 4. Controls in place • Vacancies in the research team have now been filled • New guidelines lead appointed • Audit improvement plan approved 5. Gaps in Assurance: • Latest data show fall in elevated HSMR though no data received from Dr Foster due to national reporting issue Updates for KSO 6; 1. Controls in Place: • New integrated staff wellness service being developed with new model anticipated to be in place by April 2022 • 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; evidence accepted by EAG 24 August 2021 reduction in timescales and completion of cases. Fast-track process in operation

	The Principal risks have been reviewed and approved by the relevant Executive, as well as at A&REG. 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 SISS – Surgical Site Infection Surveillance TARN – Trauma Audit and Research Network COPD – Chronic Obstructive Pulmonary Disease NICE – National Institute for Health and Care Excellence ICS – Integrated Care System

KEY STRATEGIC OBJECTIVE 5 – HEALTHY LIVES

EXECUTIVE OWNER: Medical Director
RESPONSIBLE COMMITTEE: Quality Committee
DATE LAST REVIEWED: November 2021
NEXT REVIEW SCHEDULED: December 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
- Improvement on clinical guidelines (however, 11% remain out of date)
- Delays in appointing project lead for Smoke-free Site
- Insufficient capacity of clinical coding affecting HSMR submissions
- Awaiting divisional input for a number of historic NICE guidelines

Future Opportunities
- Development of health promotion strategy
- Increased ICS joint working to improve local health outcomes
- Clinical prioritisation underway.
- There is ICS-wide work in progress to develop a common policy in preparation for clinical harm reviews.
- System-wide plans are now in development to support smoke cessation across our system
- NHSE/I approval of learning from deaths plan
- Pilot planned for active review of patients on the ophthalmology and pain waiting lists with support from South Norfolk Health

Assurance
- Improved position in national Clinical Audits; TARN at 71%, SSIS at 97%, heart failure at 53%, and COPD at 51%.
- Trust continues to exceed 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
- Full assurance from NHSI Learning from Deaths Collaborative regarding weekend HSMR
- Full assurance on Dr Foster analysis regarding overall HSMR
- 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

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
- Vacancies in the research team have now been filled
- New guidelines lead appointed
- Audit improvement plan approved

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

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 People
RESPONSIBLE COMMITTEE: People Committee
DATE LAST REVIEWED: November 2021
NEXT REVIEW SCHEDULED: December 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 a 6-month average of 44.5 days (as of Oct 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
- 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 with new model anticipated to be in place by April 2022
- New Guidance provided for managing rest breaks on shift and particularly night shifts. Additional support to be provided through Sleep clinics, best practice learning events and enhanced staff rest areas.
- 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; evidence accepted by EAG 24 August 2021 reduction in timescales and completion of cases. Fast-track process in operation

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