The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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| **Meeting:** | Board of Directors (In Public) | | |
| **Meeting Date:** | 2 February 2021 | **Agenda item:** | 23 |
| **Report Title:** | Trust Board Report - Board Assurance Framework (BAF) – Healthy Lives KSO 5 & 6 | | |
| **Author:** | Mustafa Kahn – Risk Manager | | |
| **Executive Sponsor:** | Carmel O'Brien - Director of Patient Safety | | |

**Implications**

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

| KSO1 | KSO2 | KSO3 | KSO4 | **KSO5** | **KSO6** |
|---|---|---|---|---|---|
| *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*** |

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| **Board assurance framework** | KSO 5<br>KSO 6 | |
| **Significant risk register** | No significant risks aligned to KSO 5 & KSO 6 | |
| | Y/N | If Yes state impact/ implications and mitigation |
| **Quality** | Y | |
| **Legal and regulatory** | Y | |
| **Financial** | Y | |

**Assurance route**

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| **Previously considered by:** | Assurance and Risk Executive Group (A&REG)<br>Board Sub - Committees |

**Executive summary**

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

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| **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.<br><br>Risks aligned to Healthy Lives Key Strategic Objectives 5 and 6 are overseen by Board Committees as shown below:<br><br>• KSO5 – HEALTHY LIVES Quality Committee<br>• KSO6 – HEALTHY LIVES People Committee<br><br>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. |

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| | The information included on each one page BAF section is reviewed and updated every month, overseen by the relevant Executive Director.<br><br>A report was received in October 2020 from Grant Thornton in relation to the Internal audit that was undertaken in relation to the Board Assurance Framework at the Trust and they concluded that they were Significantly assured with some improvement required. The recommendations from this report will be incorporated into the BAF and the Committee is requested to note the first change which is the separation of the 'Controls in Place' section and the 'Assurance' section.<br><br>Updates for KSO 5;<br><br>1. Assurance<br>• HEE/GMC action plan complete and 3 GMC conditions lifted with positive feedback from HEE visit on 21 August 2020, final report from visit on 3 November 2020 received. Trust removed from enhanced monitoring<br><br>2. Controls in Place<br>• Part Time NCHC Palliative Care Consultant starting in Jan 21<br><br>3. Emergent Risks<br>• Screening programme continues and formal risk assessments will be undertaken prior to any standing down<br><br>4. Future Opportunities<br>• Improving position on Clinical Guidelines (from 16.7% to 13% out of date) and NICE Guidelines (down from 11 to 5)<br>• Funding approved to expand patient care team. JD in development<br>• MDT Co-ordinator appointed<br><br>Updates for KSO 6;<br><br>1. Controls in Place<br>• Fast track recruitment process being developed<br>• Clinical psychologist in post – PTSD Specialist due to start in Q4<br>• COVID staff risk assessments are being reviewed and updated<br><br>The Principal risks have been reviewed and approved. Their grading remains unchanged;<br><br>For KSO5 Risk ID 2760 is the Principal Risk rated 12.<br><br>For KSO6 Risk ID 2761 is the Principal Risk rated 12 |
| **Recommendation:** | The Board of Directors is asked to:<br><br>• 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:** **January 2021**
**NEXT REVIEW SCHEDULED:** **February 2021**

**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**
- 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. (1000 research accruals in first 6 months of 2020/21
- HEE/GMC action plan complete and 3 GMC conditions lifted, positive feedback from HEE visit on 21 August 2020, final report from visit on 3 November 2020 received. Trust removed from enhanced monitoring
- CCG rating of IPAC improved from amber to green October 2020
- 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

**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 from ISF3 to ISF2
- Weekend and overall HSMR increased outside of control limits

**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
- External support from NNUH for End of Life Care in place from 20 August 2020
- Part Time NCHC Palliative Care Consultant starting in Jan 21

**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**
- Increasing non-elective and Covid related demand affecting capacity or planned activity
- Screening programme continues and formal risk assessments will be undertaken prior to any standing down
- Delay in the development of smoke free hospital site due to pandemic

**Future Opportunities**
- Development of health promotion strategy
- Increased STP joint working to improve local health outcomes
- Improving position on Clinical Guidelines (from 16.7% to 13% out of date) and NICE Guidelines (down from 11 to 5)
- Clinical Harm review and prioritisation process underway, new policy to be approved in Feb 21
- Funding approved to expand palliative care team. Job description in development
- MDT Co-ordinator appointed

**Gaps in Control and Assurance**
- Some Trust policies remain out of date
- Bowel screening on hold (nationally) so screening targets will be harder to achieve
- Endoscopy capacity reduced to Covid IPAC recommendations

# KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

**EXECUTIVE OWNER:** HR Director
**RESPONSIBLE COMMITTEE:** People Committee
**DATE LAST REVIEWED:** January 2021
**NEXT REVIEW SCHEDULED:** February 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

**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 below trajectory, e.g. sickness, mandatory training and appraisal rates
- National workforce shortages in key clinical areas
- A Nurse staffing review relating to the COVID pandemic was undertaken and although a gap against anticipated activity was identified actual activity was less than projected, the gap did not materialise, and any risks associated with nurse staffing have been successfully mitigated

**Emergent Risks**
- COVID-19 risks related to staff sickness, mental health and wellbeing Difficulties in recruitment and retention for EU nationals now UK has left EU
- Poor Trust reputation may affect ability to recruit and retain staff
- Local health inequalities may affect staff's abilities to achieve potential

**Future Opportunities**
- Overseas recruitment campaigns
- Further development of staff benefits to encourage healthy lifestyles e.g. car sharing incentives, bicycle loan purchase
- 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 64 days (at November 2020)

**Controls in Place**
- The development of an Integrated Workforce Plan to be aligned with corporate and clinical strategy
- Leadership Strategy developed, including Divisional Leadership Programme restarted in July 2020, Band 6 and 5 development programmes planned to restart in Summer 2020 – Band 7 restarted in October 2020.
- Training programmes in place at different levels of the organisation, including training for Quality Improvement practitioners
- There is a plan to bring all HR / Workforce policies in date – there is a Policy Review Group in place chaired by the Director of Strategy
- Fast track recruitment process being developed
- Local recruitment events programmed bi-monthly and taken place for admin, clerical and domestic
- Strengthened staff health and wellbeing programme with focus on emotional wellness in place
- Clinical psychologist in post – PTSD Specialist due to start in Q4
- Plans in development with 3 acute Trusts on policy convergence
- COVID staff risk assessments are being reviewed and updated

**Gaps in Control and Assurance**
- Staffing resource in the HR department may affect development and delivery of key trust strategies and policies
- Workforce KPIs below trajectory
- Occupational Health recall systems ineffective and manual process in place
- Lack of effective and consistent mechanisms for addressing poor performance
- COVID staff risk assessments
- Occupational Health capacity to manage Covid-19 and absence.