The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 December 2020	**Agenda item:**	16
Report Title:	Trust Board Report - Board Assurance Framework (BAF) – Healthy Lives KSO 5 & 6		
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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***

Board assurance framework	KSO 5 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

Previously considered by:	Assurance and Risk Executive Group (A&REG) Board Sub - Committees

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: • KSO5 – HEALTHY LIVES Quality Committee • KSO6 – 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 • Previous research lead has now been appointed to become the New Research Lead & Head of Research, Innovation & Education interviews. It is anticipated that this should mitigate the previously noted risk to performance by the change over to a new research lead, as she will be able to provide continuity and supervision for the new post holder. • Delay in the development of smoke free hospital site due to pandemic 2. Future Opportunities • External review of mortality by NHSI learning from deaths collaborative in to report in November 2020 3. Controls in Place and Assurance • HEE / GMC action plan complete and 3 GMC conditions lifted, positive feedback from HEE visit on 21 August 2020, awaiting final report from visit on 3 November 2020 Updates for KSO 6; 1. Controls in Place and Assurance • 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. • Local recruitment events programmed and taken place for admin, clerical and domestic. • Clinical psychologist in post. 2. Gaps in Control and Assurance • Occupational Health capacity to manage Covid-19 and absence The Principal risks have been reviewed and approved. Their grading remains unchanged; For KSO5 Risk ID 2760 is the Principal Risk rated 12. For KSO6 Risk ID 2761 is the Principal Risk rated 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 KSO – Key Strategic Objectives

KEY STRATEGIC OBJECTIVE 5 – HEALTHY LIVES

EXECUTIVE OWNER: Medical Director
RESPONSIBLE COMMITTEE: Quality Committee
DATE LAST REVIEWED: November 2020
NEXT REVIEW SCHEDULED: December 2020

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 HSMR and 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

Emergent Risks
- Local health inequalities may affect patients' abilities to improve their health and achieve best possible health outcomes
- Increasing non-elective and Covid related demand may increase the planned activity
- New Research Lead & Head of Research, Innovation & Education interviews taken place 5 November 2020.
- Delay in the development of smoke free hospital site due to pandemic

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

Future Opportunities
- Development of health promotion strategy
- Increased STP joint working to improve local health outcomes
- Improving position on Clinical Guidelines and NICE Guidelines
- External review of mortality by NHSI learning from deaths collaborative in to report in November 2020.

Controls in Place and Assurance
- Participation in national and local Clinical Audits
- Process in place to review and update policies in accordance with required timescales
- 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
- Research governance framework in place
- HEE/GMC action plan complete and 3 GMC conditions lifted, positive feedback from HEE visit on 21 August 2020, awaiting final report from visit on 3 November 2020.
- CCG rating of IPAC improved from amber to green October 2020
- 35 Trust staff have completed Quality Improvement & Service Re-design (QISR) training
- 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

Gaps in Control and Assurance
- Weekend and overall HSMR above expected levels
- Some Trust policies remain out of date
- Clinical Audit function
- Bowel and breast screening on hold (nationally) so screening targets will be harder to achieve
- Maternity Transformation programme on hold (nationally)
- Endoscopy capacity reduced to Covid IPAC recommendations

KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

EXECUTIVE OWNER: HR Director
RESPONSIBLE COMMITTEE: People Committee
DATE LAST REVIEWED: November 2020
NEXT REVIEW SCHEDULED: December 2020

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 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

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

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

Controls in Place and Assurance
- 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
- COVID staff risk assessments are being undertaken
- 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 62.5 days (at May 2020).
- Local recruitment events programmed 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.
- Head of Learning and Development commenced in post on 16th November 2020

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.