The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	7 April 2021	**Agenda item:**	18
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]

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. Rationale for Current Risk Score: • HEE risk rating improved and enhanced monitoring lifted. 2. Assurance • Trust has fastest clinical trial set-up time in the region. The Trust has exceeded the annual target for NIHR trials and the target for research accruals in 2020/2021 has been increased to 2000. • 65 of 130 actions approved through EAG on maternity action plan. 3. Controls in Place • Part Time NCHC Palliative Care Consultant started in Jan 21, additional Palliative Care and ICOP Consultant job advertisements live as of February 2021. 4. Emergent Risks • Breast and cervical screening programmes continues • Delay in the development of smoke free hospital site due to pandemic 5. Future Opportunities • Plans to open cancer wellness centre in April 2021 • STP wide harm review of clinical provisional policy in development. Updates for KSO 6; 1. Controls in Place • Review of processes as part of culture transformation programme • 29 new HCSW in post as of March 2021 2. Gaps in Control and Assurance • Job advert for palliative consultant is now live, however there is a national shortage of qualified candidates. 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 Trust 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: March 2021
NEXT REVIEW SCHEDULED: April 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
- Breast and cervical screening programmes continue
- Delay in the development of smoke free hospital site due to pandemic
- Shrewsbury and Telford recommendations

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 prioritisation underway.
- Plans to open cancer wellness centre in April 2021
- STP wide harm review of clinical provisional policy in development.

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 target for research accruals in 2020/2021 has been increased to 2000.
- 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
- 65 of 130 actions approved through EAG on maternity action plan.

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
- Part Time NCHC Palliative Care Consultant starting in Jan 21, additional Palliative Care and ICOP Consultant job advertisements live as of February 2021.
- Palliative Care MDT Co-ordinator in place to support team

Gaps in Control and Assurance
- Some Trust policies remain out of date
- Endoscopy capacity reduced to Covid IPAC recommendations
- Smoke free site remains on hold
- Currently compliant with 9 of 12 immediate and urgent actions from Shrewsbury and Telford report

KEY STRATEGIC OBJECTIVE 6 – HEALTHY LIVES

EXECUTIVE OWNER: Director of People
RESPONSIBLE COMMITTEE: People Committee
DATE LAST REVIEWED: March 2021
NEXT REVIEW SCHEDULED: April 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 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
- Recruitment is ongoing for international nurses, HCSWs, domestic and admin support

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

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 in place, band 7 programme in place
- 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 – policy alignment for key policies taking place across 3 acute Trusts
- Fast track recruitment developed and implemented
- Local recruitment events programmed bi-monthly and taken place for admin, clerical and domestic, and HCSWs
- Strengthened staff health and wellbeing programme with focus on emotional wellness in place
- Clinical psychologist in post – PTSD Specialist in post
- COVID staff risk assessments reviewed and updated
- Leadership conference in March 2021
- Review of mandatory training
- Review of processes as part of culture transformation programme
- 29 new HCSW in post as of March 2021

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.
- Job advert for palliative consultant is now live, however there is a national shortage of qualified candidates.