The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	6 October 2020	**Agenda item:**	19
Report Title:	Proposal for a new approach to BAF review		
Author:	Carmel O'Brien, Director of Patient Safety		
Executive Sponsor:	Carmel O'Brien, Director of Patient Safety		

Implications

Link to key strategic objectives
[highlight which KSO(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	Direct link to all KSOs, and BAF	
Significant risk register	All	
	Y/N	If Yes state impact/ implications and mitigation
Quality	N	
Legal and regulatory	Y	Relates to good governance arrangements
Financial	N	

Assurance route

Previously considered by:	Chief Executive Leadership Meeting A meeting of the NED Chairs of Board Subcommittees and Deputy Chair of Trust

Executive summary

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

Purpose of the report:	The report is to update the Board of Directors on the proposal to adopt a new way of using the BAF to shape the Board business and agenda setting.
Summary of Key issues:	The BAF was agreed at Board of Directors in June 2020, it is currently received as a standalone item every 2 months. This proposal sets out a new way of using the BAF to support the Board agenda focussing on matters aligned to our key Strategic Objectives set out in the Corporate Strategy. Appendix 1 is a "mock up" agenda based on September 20 Board agenda and BAF position.
Recommendation:	The Board is asked to: • Note the detail of the proposal • Approve the approach for implementation for November Board of Directors

Acronyms	BAF – Board Assurance Framework CQC – Care Quality Commission NHSE/I – NHS England and Improvement CEO – Chief Executive Officer

1. Background and context

The BAF was agreed at the Board of Directors meeting in June 2020. This followed a complete review of the previous BAF, which included reviewing best practice from other Trusts rated as "Good" or "Outstanding" by the CQC and signposting from NHSE/I. The current BAF is reviewed by the Board of Directors every two months, however on a monthly basis the Subcommittees of the Board; People, Finance and Activity and Quality review the significant risks aligned to the key strategic objectives within their delegated responsibility. As part of our journey of improvement there was always an intention to develop a more integrated way of using the BAF to ensure it is embedded in practice and not seen as a standalone item.

2. New proposed BAF Process

The proposed approach is set out below:

- The risk lead (Risk Manager) will update each BAF section every month following discussion with the lead Executive Director.

- The relevant BAF page sections along with a BAF summary front sheet are received by the responsible Subcommittee of the Board each month:

    - SO1 – QUALITY – Quality Committee
    - SO2 – QUALITY – Finance & Activity Committee
    - SO3 – ENGAGEMENT – People Committee
    - SO4 – ENGAGEMENT – Finance & Activity Committee
    - SO5 – HEALTHY LIVES – Quality Committee
    - SO6 – HEALTHY LIVES – People Committee

- It is proposed that the format of the Trust Board agenda be updated and sectioned to reflect the revised strategic objectives.

- The BAF summary sheet is to be included in the CEO's report section of the Board agenda, along with a brief summary of any highlights that month

- The Board will receive the six updated BAF sections each month and each BAF section will be included at the beginning of the relevant section of the Board agenda as follows:

    - BAF sections for SO 1 and 2 – QUALITY
    - BAF sections for SO 3 and 4 – ENGAGEMENT
    - BAF sections for SO 5 and 6 – HEALTHY LIVES

- Each of the new sections of the Board agenda will include items relevant to those strategic objectives. This will ensure that the Board is able to demonstrate that its agendas and business are relevant to the achievement of the strategic objectives. It will also be able to demonstrate that the BAF is being used as a dynamic tool guiding Board agendas and business each month, rather than an 'add on' received as a separate agenda item and not linked to the other sections. This will be helpful in order to demonstrate effective BAF use during the next CQC 'Well-Led' inspection. This process is based on the model in place

at the Queen Victoria Hospital, East Grinstead, highlighted as an exemplar model by NHSE/I and currently rated as "Good" by the CQC

A 'mock up' Board agenda (based on September agenda) using the format described above is attached as **Appendix 1.**

The "mock up" process has been discussed at CELM with support from CEO and all Executive Directors. Following discussion with the Chairman the "mock up" process was shared with the Deputy Chair and 3 NEDs who Chair the 3 subcommittees of the Board of Directors for their review. The general consensus is whilst it was acknowledged that this model is very different to how the Board is used to receiving the BAF, there was support for the new approach. It was suggested that once Chairs Assurance reports are reported in the public domain they should fit under the sections of Quality, Engagement and Healthy Lives. Unfortunately it is not possible to do this as the 3 Sub Committees monitor a mix of strategic objectives, e.g. SO1 is "Quality" is monitored by the Quality Committee and SO2 also a Quality SO is monitored by and Finance and Activity Committee. It was agreed to keep all Chairs Assurance reports under the agenda item "Governance".

Recommendations:

The Board is asked to:

- Note the detail of the proposal
- Approve the approach for implementation for November Board of Directors