

## The Board Assurance Framework (BAF) Process

Outcomes under each strategic objective are aligned to a lead committee or reserved for review by the Trust Board. The process for routine review and update of the BAF is as follows:

- The corporate risk register is maintained by the lead executive, in accordance with the Risk Management Policy
- The BAF is updated with any changes to those corporate risks recorded within it; the Trust Board decides which corporate risks are significant enough to warrant inclusion on the BAF, based on recommendations from committees
- The lead assurance committee (or Trust Board, where applicable) reviews the management of risks to each required outcome (as part of their regular work programme), through evaluation of reports and risk assessments provided at Committee by executive leads
- The lead committee identifies any gaps in controls or assurance and ensures there are appropriate plans in place to address them
- The lead committee decides on an assurance rating for each required outcome, based on evidence provided in identified sources of assurance

To facilitate this process, each committee will receive regular reports from specialist groups, executive leads and other sources which provide management information and analysis of relevant key risks, to enable the committee to make a judgement as to the level of assurance that can be provided to the Board. All reports to committees should first have been reviewed and approved by the executive lead.

When deciding on the progress and overall assurance rating for each outcome the following key should be used:

- R** Effective controls may not be in place and/or appropriate assurances are not available to the Board
- A** Effective controls are thought to be in place but assurances are uncertain and/or possibly insufficient
- G** Effective controls are definitely in place and Board are satisfied that appropriate assurances are available

Strategic Objectives
1. Delivering outstanding care and experience
2. Working together with local health and social care providers
3. Recruiting, developing and retaining our workforce
4. Improving and developing our services and infrastructure
5. Delivering financial sustainability

2021/2022 Board Assurance Framework - Updated 16 March 2022

Key
Objective not met
Objective mostly met but not within timescale
Objective met within timescale
Complete

Trust Priorities 2021/2022	Strategic Risks	Supporting Objectives 2021/2022	Executive Director	Current Progress	Comments	Source of Assurance	Target Date	Status	Projected Year End Position
<p><b>'Recover safely'</b>            'We will work with partners to fully recover services, provide good quality care and experience while addressing health inequalities</p>	103346 103349 103350 103351 103352	Restore and achieve all cancer standards by Q4	COO	Behind	Limited improvement in performance. Cancer recovery plan presented across the organisation and monitoring of actions and impact in place. Additional capacity continues to support improvement.	Performance & Estates Committee, Integrated Performance Report	31/03/2022	↔	R
		Elective activity to exceed pre-pandemic levels	COO	Behind	Deadline of 30/06/2021 missed to meet Trust's target. Considerable UEC and Covid-19 pressures through the year impacting on elective capacity. The Trust met the National Target which was 85% of pre-pandemic level. Elective capacity has recommenced but risk remains due to emergency capacity	Performance & Estates Committee, Integrated Performance Report	30/06/2021	↔	R
		Reduce length of stay for inpatients in our hospitals by Q3	COO	Behind	Length of stay remains above target level but benchmarks reasonably both regionally and nationally. Again Covid-19 impact on LOS and redirection in elective activity which would reduce overall LOS at Trust level. Additional support now invested in inpatient flow to improve flow and bed occupancy	Performance & Estates Committee, Integrated Performance Report	31/12/2021	↓	R
		Introduce a new NHS 111 pathway for emergency care	COO	Complete	On track	Performance & Estates Committee, Integrated Performance Report	31/08/2021	Complete	Complete
		Enhance patient experience and diversity of our patient voice through engagement of minority / hard to reach patient groups	Chief Nurse	On track	As part of improving engagement in the local area the transition co-ordinator has become an active member of the SHCF (Seldom Heard Communities Forum) which is run by Family Voice. This is a group that gives opportunities to reach out to members of minority ethnic groups in the Peterborough area. Working with this group has been vital in spreading the word about healthcare transition & ensuring the service is accessible to as many people as is possible. First remote session of the NHS and St Johns Ambulance Cadets young person programme 14- 16 years, was held at the Trust. The programme has been developed to support young people from marginalised backgrounds and underrepresented groups.	Quality Assurance Committee, Integrated Performance Report, PPVP	31/03/2022	↔	G

Evidence good quality of care through reduction of the measure of mortality (HSMR) to below 100	CMO & Dep CEO	On track	Working with Clinical Coding to define a local coding agreement relating to 'Lower Respiratory Tract Infection' - an umbrella term for many infections. Working with Clinical Coding to look at how we can strengthen the links between coding and the clinicians, either through a Trust wide electronic coding validation process or through virtual sessions to enable clinicians to check the coding. HSMR has now increased back to Statistically Significant so a deep dive of the data will be undertaken in conjunction with Dr Foster to understand any other drivers or areas which are contributing to the high HSMR, other than respiratory. Review of coding team establishment.	Quality Assurance Committee, Integrated Performance Report	31/03/2022	↔	A
Maximise safety, quality and patient experience in maternity by implementing Ockenden recommendations.	Chief Nurse	On track	90% compliance achieved with Ockenden from external review. Second national report due March 2022. Gap Assessment Midwife recruited to who will lead further improvement on Element Two of Saving Babies Lives. Full Midwifery Leadership team now in place and full compliance with the RCM Leadership manifesto achieved. Full compliance with Year 3 CNST and now progressing Year 4. Report on compliance and progress reported at QAC in February - 3 outstanding actions with dates for completion by end of March 2022.	Quality Assurance Committee, Integrated Performance Report, Maternity Accountability Cabinet	31/03/2022	↑	G
Put addressing health inequalities at the centre of all our plans and strategies	CMO & Dep CEO	On track	Developing Health Inequality Strategy. KLOE for accountability meetings. Some divisions have started to report. Strategy under development.	Quality Assurance Committee, Integrated Performance Report, Accountability Meetings	31/03/2022	↔	G
Celebrate staff successes	CPO	On track	Monthly staff awards. Annual awards. Showcasing of teams and individuals. Corporate Team brief and news letters. Divisional newsletters. EDI staff networks and staff councils.	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
Introduce individual health and wellbeing conversations by Q1	CPO	Complete	approved and implemented August 2021.as part of MPAs. Separate toolkit developed.	People & Culture Committee, Integrated Performance Report	30/06/2021	Complete	Complete
Talent strategy to recruit, develop and retain staff Q4	CPO	On track	People and Culture Strategy and Talent Strategy in development - complete by 31 March 2022 for sign off at Trust Board on 8/4/22. Attraction and Recruitment Strategy in development. Recruitment and retention actions underway to reduce vacancy levels.	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
Extend e-Rostering to all staff, including Consultants by Q4	CPO	Behind	Programme on track. 93% of clinical (non medical staff) are fully rostered. 28% of medical area's are rostered. Plan for medical roll out being re-prioritised for completion with pilots in volunteer areas/teams. Estates and admin teams will be the final groups to be loaded to e-roster. Full roll out to be complete by 31 March 2023 (date amended 31/3/22).	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	A

**'Celebrate and support our staff'**

'We will celebrate our staff and successes and ensure we provide support to our staff and develop them for the future'

103345  
103348

Reduce maternity service vacancies to 5% by Q4	CPO	Behind	Recruitment plan for students and UK and overseas staffing. Conversion courses for nurses to midwives being scoped to improve access and future supply. As at 31 Jan 22 projected vacancies remain above %5. For March 2022: 18.34%% midwives, and 7.98% for HCSWs	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	R
Work with Health Education Institution providers to increase student numbers	CPO	On track	In progress	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
Widen participation and workforce diversity to recruit staff from local communities	CPO	On track	In progress - working with schools . Work experience and apprenticeship as well as general NHS careers promotion. Gatesby benchmark standards for careers offer in schools - seeking to add NHS in this context. Annual plan of marketing and activities in place. links with ICS plans.	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
Facilitate staff movement between ICS healthcare providers	CPO	On track	C&P MOU in place to facilitate flexibility between providers. Junior Doctor inter-authority training passport in place ( training and employment history) Regional Digital passport pilot for junior Doctors underway - NWAFT will implement when it is launched.	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	G
Increase agile and flexible working	CPO	Behind	Agile working clause in all adverts and JD's. Agile working policy in place. Agile working strategy and rollout scoping for external contractor support - not started.	People & Culture Committee, Integrated Performance Report	31/03/2022	↔	A
Achieve Associated University of Leicester status	CMO & Dep CEO	Complete	Approved. Scoping progression to University Status.	Quality Assurance Committee, Integrated Performance Report	31/12/2021	Complete	Complete
Embed quality improvements and transformation as part of our culture and support staff development	Chief Nurse	On track	Q1 Strategy approved. Comms plan in place for Nov. Transitional plan in place for one year. Coaching commenced in Nov. Board workshop in Jan 22. Governance reporting agreed. Plan for year agreed.	Quality Assurance Committee, Integrated Performance Report	01/12/2021	↔	G

<b>'Sustainability'</b> 'We will work sustainably to further develop our services, finances and protect the environment'	103343 103344 103353	Commence the new build for Hinchingsbrooke theatres	CSATO	Complete	FBC approval received. Enabling works on track. Theatre build commenced in Jan 22 as per schedule.	Strategy & Transformation Committee	01/03/2022	Complete	Complete
		New Urgent Treatment Centre at PCH	COO	Complete	Complete	Performance & Estates Committee, Integrated Performance Report	01/06/2021	Complete	Complete
		Shared pathways with system partners	CSATO	Complete	A number of pathways have been developed and implemented including 3 agreed areas: 1. Cardiology. 2. Diabetes. 3. Respiratory Medicine.	Strategy & Transformation Committee	01/03/2022	Complete	Complete
		Develop Trust strategy for 2022 -2025	CSATO	Complete	Trust Strategy ratified by Trust Board in Jan 22	Strategy & Transformation Committee	01/12/2021	Complete	Complete
		Complete Stamford land sale and commence work on the new car park	CMO & Dep CEO	Behind	Projected year end position remains Red because land sale will not be completed by deadline (31/01/2022). The land sale with the preferred bidder has stopped and the Trust will go out to the market again in 3 separate lots.	Performance & Estates Committee, SRH Redevelopment Programme Board	31/01/2022	↔	R
		Build our plans for maturity as a digital aspirant	CFO	On track	On track	Finance & Digital Committee	31/03/2022	↔	G
		Go live with the new shared care records with system partners	CFO	Behind	Delays with contract procurement award which was initially due to be signed in September 2021. System working to revised timetable with progress in place to implement first phase by year end.	Finance & Digital Committee	30/09/2021	↔	R
		Develop our environmental strategy	CFO	Complete	Green Plan approved at Trust Board 08/02/2022	Performance and Estates Committee	31/03/2022	↔	Complete
		Achieve financial targets with a focus on the underlying cost base	CFO	On track	On track	Finance & Digital Committee	31/03/2022	↔	G
		Maximise the use of resources and improve productivity	CFO	On track	On track	Finance & Digital Committee	31/03/2022	↔	G
		Realise the benefits of our strategic investments	CFO	Behind	Evaluations of two projects commenced however operational pressures impacting on ability to conclude	Finance & Digital Committee	31/03/2022	↔	A

Strategic Risk	Current Risk Score	Target Risk Score
<b>103350:</b> Risk of patient harm due to the Trust not sustaining effective patient flow which will negatively impact on waiting times, safety, patient and staff experience*.	20	10
<b>103343:</b> Risk to patient and staff safety at Hinchingsbrooke Hospital due to old and non-compliant building*.	20	10
<b>103348:</b> The Trust does not have adequate plans in place to recruit, retain and maintain good levels of staff engagement and staff experience, and this could impact on the delivery of safe services for our patients and on patient experience*.	20	8
<b>103352:</b> There is a risk of non-compliance with regulatory indicators and national guidelines for maternity impacting on patient safety, quality and experience	12↓	4
<b>103349:</b> As a result of the ongoing impact of Covid-19, there is a risk that the Trust is not able to safely restore all local and specialist services to previous levels of capacity which results in increased waiting times and poorer outcomes and experience for patients	16	8
<b>103346:</b> There is a risk that failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements	20↑	8
<b>103353:</b> This is a risk the Trust is unable to achieve financial balance as a consequence of increased resource requirements to meet service pressures and the national financial architecture	15	10
<b>103438:</b> Risk that if we do not treat our data and information as critical assets we may fail to make good use of them to run the Trust, and fail to ensure adequate cybersecurity resilience	15	9
<b>103344:</b> Risk of major and / or repeated minor outages of technology infrastructure causing business interruption which impacts on the Trust being able to deliver safe and effective patient care at all times	15	5
<b>103351:</b> There is a risk that the recovery of Trust services perpetuates health inequalities	12	8
<b>103345:</b> The Cambridgeshire and Peterborough ICS does not evolve into a fit for purpose integrated care system, leading to polarisation that does not address system inequalities and inefficiencies.	9	6