

Board Assurance Framework

June 2022





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1. Executive summary

Royal Papworth Hospital
NHS Foundation Trust

Purpose: The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to delivery of the Trust's strategic objectives. All BAF risks are mapped to the Trust's strategic objectives and reporting is managed through the DATIX system and escalated through the relevant Trust Committee structures.

The BAF tracker report includes the Residual Risk Rating (RRR) and long-term trend for each BAF risk showing risks above Risk Appetite and within Appetite. Risks are mapped to the CQC Key Lines of Enquiry (KLOEs). All BAF risks are assigned to a Board Committee and Committee reports include further detail on controls and assurance for each risk.

Headlines: Seventeen risks have a Residual Risk Rating above Target.

New BAF Risks: None

Other updates:

BAF 858: Lorenzo Optimisation Electronic Patient Record System Benefits: RRR increased to 16 (C4xL4) as a result of confirmation that Orbis U will not achieve functionality to support HIMMS 7 until 2025. Options paper in development for discussions at SPC.

BAF 1929 Low Levels of Staff Engagement: RRR increased to 16 (C4xL4) reflecting the impact of the increased cost of living on staff engagement and morale. The Trust has implemented several initiatives to support staff with the cost of travel, food and financial wellbeing support. The 2202/23 national pay award has not yet been announced.

BAF 675: Hospital acquired infections: RRR 16 (C4xL4). The increased rate of SSI's has been raised as serious incident. Executive Director SSI response group meets three times a week to tackle actions and areas of improvement needed.

BAF Risks 2829 and 290: Trust/ICS Financial balance: RRR reduced to 16 (C4xL4) as a breakeven plan was submitted and month 2 reporting shows a positive variance to plan. These changes will be reflected in the next BAF tracker report.

Closed Risks: None.

Principal Risks (PR) The Board has agreed the following principal risks to delivery of its strategic objectives which underpin the delivery of outstanding, safe and high-quality care:

PR1 Workforce: Failure to maintain a committed and skilled workforce in adequate numbers to support delivery of high-quality care, through staff that are aligned to our shared values, behaviours and purpose.

PR2 Productivity: Failure to achieve sufficient patient throughput to support timely and equitable access to care, and achieve financial stability, through optimising the productivity of our people and facilities.

PR3 Finances: Failure to deliver our financial plan on a sustainable basis addressing the underlying structural deficit and our contribution to the wider system through rigorous financial management and an effective response to uncertainties in the future mechanisms for commissioning and innovation in specialised services.

PR4 Cyber security and data loss: Failure to ensure that our services are as resilient as possible to ever present and escalating Cyber-attacks through the application of up-to-date cyber security controls, training, surveillance and early warning of potential threats, applying systems and management practices that ensure residual risks are mitigated appropriately.

Recommendation

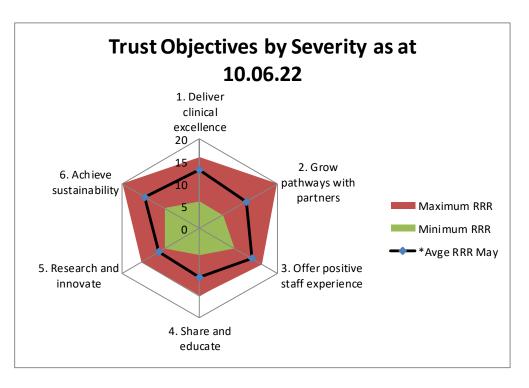
The Board is requested to note the BAF report for June 2022.

2. Risks Mapped to Strategic Objectives



Trust Objective 2022/23	*Avge RRR April	*Avge RRR May	Maximum RRR	Minimum RRR	change in Avge RRR
1. Deliver clinical excellence	12.6	13.1	16	6	
2. Grow pathways with partners	11.4	12.0	20	6	
3. Offer positive staff experience	12.3	13.4	16	9	
4. Share and educate	10.8	10.8	15	6	0
5. Research and innovate	10.5	10.5	15	9	0
6. Achieve sustainability	13.8	14.2	20	9	

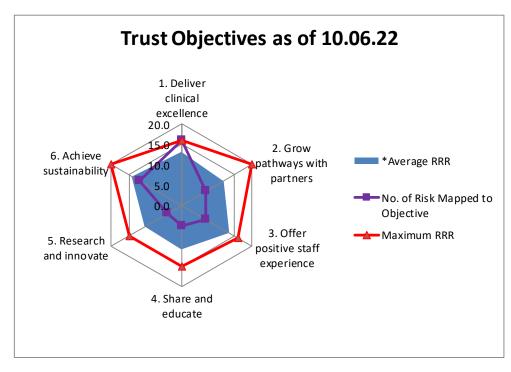
^{*} Average for risks included in current tracker report



3. Strategic Objectives by Severity of RRR



Trust Objective 2022/23	No. of Risk Mapped to Objective	*Average RRR	Maximum RRR	Minimum RRR	Risks Opened	Risks Closed
1. Deliver clinical excellence	16	13.1	16	6		
2. Grow pathways with partners	7	12.0	20	6		
3. Offer positive staff experience	7	13.4	16	9		
4. Share and educate	5	10.8	15	6		
5. Research and innovate	4	10.5	15	9		
6. Achieve sustainability	12	14.2	20	9		



^{*} Average for risks included in current tracker report

4. BAF Tracker Risks Above Target



BAF Tracker 10/06/2022 Committee Update

ID	Exec	Opened	Title	◀ Mar-22	▲ Apr-22	▲ May-22	Status since last month	Long running Trend	Target Risk Rating	% RRR achieved	ধ্বীisk Target achieved	♦ SO1	\$02	SO4		9OS	Responsible Committee	Safe	■ Effective	Finance	A sople Manag. & Cuit. Responsive	Tran
675	MS	11/06/2014	Failure to protect patient from harm from hospital aquired infections	12	16	16	\leftrightarrow	************	6	38%	×	\bigstar					Q&R	\bigstar				
678	EM	11/06/2014	Waiting list management	16	16	16	\leftrightarrow	•••••	8	50%	×	\bigstar					Performance				\Rightarrow	<i>y</i> .
730	RH	01/04/2015	R&D strategic direction and recognition	9	9	9	\leftrightarrow		6	67%	×				\Rightarrow		Q&R				\Rightarrow	у. 1
742	MS	30/01/2015	Failure to meet safer staffing (NICE guidance and NQB)	12	12	12	\leftrightarrow	***************************************	8	67%	×	*	★ 7	7		\Rightarrow	Q&R	\Rightarrow			\perp	
858		01/02/2016	Lorenzo Optimisation - Electronic Patient Record System - benefits	12	12	16		····	6	38%	×	*	☆ ½	7			SPC				\perp	\Rightarrow
	AR		Potential for cyber breach and data loss	16	16	16	\leftrightarrow	**********	9	56%	×	\bigstar				\Rightarrow	Performance	\Rightarrow				\Rightarrow
1853	OM	27/04/2018	Staff turnover in excess of our target level	15	15	15	\leftrightarrow	·····	6	40%	×	\bigstar	7	7		\Rightarrow	Performance			7	1	
1854			Unable to recruit number of staff with the required skills/experience	16	16	16	\leftrightarrow	***************************************	8	50%	×	\bigstar	7	7		\Rightarrow	Performance	\Rightarrow		7	1	
1929			Low levels of Staff Engagement	12	12	16	<u> </u>	*****	8	50%	×	\bigstar	7	7		\Rightarrow	Q&R			7	1	
2829			Achieving financial balance	20	20	20	\leftrightarrow	***********	8	40%	×					\Rightarrow	Performance			\Rightarrow	\perp	
2833			Maintaining safe and secure environment across the organisation	16	16	16	\leftrightarrow	·····\\/···	8	50%	×	\bigstar					SPC	\Rightarrow				
2901		06/05/2021	Delivery of Trust 5 year strategy	9	9	9	\leftrightarrow	•••••	6	67%	×	☆ .	☆ 7	7	*	\Rightarrow	SPC		*	☆ 7	★	: 🎓
2904	TG	11/05/2021	Achieving financial balance at ICS level	20	20	20	\leftrightarrow		12	60%	×		\bigstar			\Rightarrow	Performance			\bigstar	\perp	
2985	TG	18/08/2021	Key Supplier Risk	10	10	10	\leftrightarrow		6	60%	×	\bigstar					Performance		\bigstar		\Rightarrow	у. 1
3009	TG	27/08/2021	Continuity of supply of consumable or services failure	10	12	12	\leftrightarrow	*********	6	50%	×	\bigstar					Performance	\bigstar	☆ :	\Rightarrow	\Rightarrow	
3040	MS	29/09/2021	M.Abscessus (linked to BAF risk ID675)	15	15	15	\leftrightarrow	********	10	67%	×	\bigstar		\Rightarrow	*	\Rightarrow	Q&R	\Rightarrow			\perp	
3074	TG	16/11/2021	NHS Reforms & ICS strategic risk	12	12	12	\leftrightarrow	•••••	8	67%	×	•	\Rightarrow	\Rightarrow		\Rightarrow	Performance		☆ .	\bigstar	\Rightarrow	*

5. BAF Tracker Risks Below Target



BAF Tracker 10/06/2022 Committee Update

ID	_	Opened	Title	Mar-22	Apr-22	May-22	status since last month	Long running Trend	Target Risk Rating	% RRR achieved	Risk Target achieved	501	SO2			4 SO5	SO6 Responsible	Committee	Safe	Effective	Finance	Responsive	Transformation
						_	0,	**			Ų.								<u> </u>	<u> </u>			_
2532	MS	05/03/2020	COVID Pandemic	15	10	10	\leftrightarrow	<i>ب</i> مبر	10	100%	\	*		*			🜟 Q&R		文	*	7	7	
2854	EM	15/03/2021	ICS engagement	6	6	6	\leftrightarrow	*************	6	100%	V	\Rightarrow	\bigstar		\bigstar		SPC						A
3008	TG	27/08/2021	Clinical Research Facility Core Grant Funding	12	9	9	\leftrightarrow	*******	9	100%	V	\bigstar	\bigstar			★.	★ SPC				\bigstar	•	