

BOARD ASSURANCE FRAMEWORK 2016/17
"closure report"

APPENDIX 2

ref	PR	Improvement area / action	owner 1	owner 2	update as at April 2017	due date (original)	status	Carried Forward to 17/18 BAF
1	1	Continued implementation of QIP, milestones updated as required with monthly reporting to IRGC and Board on progress	CNO		Established QIP progress checking with monthly reports to IRGC / Trust Board and Oversight committee (as required). Majority of actions completed - small number carried over into 2017/18	Dec-16	achieved	yes
2	2	Bullying and harassment strategy updated	DWF		B&H Strategy approved and a work plan is in place. There has been an increase in the number of B&H complaints which suggests that people are more willing to complain	Sep-15	achieved	no
3	2	Training and Development strategy	DWF		Development strategy approved and reorganisation of L&D function near completion. Improvements seen in external visits and compliance with mandatory training	Jan 16 (Approval strategy)	achieved	no
4	2	Launch of 'Pulse checking' on engagement	DWF		First pulse check comprising of a basket of 11 questions completed and this will be repeated quarterly. Launch action now complete	Jul-16	achieved	no
5	2	Implementation of medical engagement programme	CMO		Changes to clinical leadership roles now implemented and DDs in place. On going activity to improve engagement MVDW Blogs, clinical senate, etc.	Jun-16	achieved	no
6	2	Roll out of values plan	DWF		New values launched and activity underway to embed new values. On going work to embed will continue, but formal launch programme now complete	Jun-16	achieved	no
7	3	Complete Interim estates strategy	Dir Env		Interim estates strategy (2016-2020) ratified by board on 2 Feb 17. All stakeholders fully engaged in development	Sep-15	achieved	no
8	3	Provide a safe working environment in accordance with statutory and DH Mandated obligations	Dir Env		Safe system of work in place. 70% of authorised person (AP) positions now held by permanent staff. External specialist appointed to authorising engineer (AE) positions in highest risk areas.	Dec-15	achieved	no
9	3	Review & strengthen governance of estates and facilities work programme reporting through safety and quality committee	Dir Env		Monthly divisional risk and governance meetings implemented. PAM implemented. Progress reports provided to safety & quality committee.	Jun-16	achieved	yes
10	3	Provide a 'safe' environment for delivery of clinical services (strengthen health and safety governance)	Dir Env		H&S audit conducted across all areas of trust. Risk assessment in place and being refined. Safe system of work in place for high risk activities on estate.	Mar-16	achieved	no
11	3	Manage user expectations though delivery of agreed environment works plan	Dir Env		Works plan agreed at QIP. Environment works plan completed	Nov-16	achieved	no
12	4a	Escalation with supplier to resolve datacentre and network issues. Implementation of plan to mitigate issues and assure delivery programme	CIO		Datacentre application migration plan has recommenced. Network remediation plan on track	Apr-16	achieved	no
13	4a	Agree actions to improve stakeholders communication and engagement	CIO		Champions identified for clinical rollouts. Communications and engagement plan in place. Business engagement lead for programme in place	Apr-16	achieved	no
14	4a	Implement formal chief clinical information officer (CCIO) role	CIO		CCIO appointed & in post.	Apr-16	achieved	no
15	4a	Refresh terms reference (TOR) of informatics group to create ICT Transformation group and increase representation from divisions	CIO		TOR refreshed and adopted. First meeting held end January 2017.	Apr-16	achieved	no
16	4b	learning from Information Governance Audits to be embedded by Divisional Managers	CIO		Ongoing and included in CQC preparation	Jun-16	achieved	no
17	4b	Outputs from IG audits to be used to inform and improve IG training	CIO		Included in classroom based training	Jun-16	achieved	no
18	4b	provision of further performance information reports to support operational delivery	CIO		Ongoing - ad hoc reports provided on request and contined build of reporting fucntionality on i-reporter to support operational delivery and performance management.	Mar-17	achieved	no
19	5b	CCG audit of referral trends			Scope proposed by CCG extends beyond referral trends. March-17 audit undertaken by CCG without Trust involvement. Ongoing discussion with CCG at QCRM and QIPP board regarding referral trends and demand management.	Oct-16	achieved	no

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20	5b	ALTUROS supporting Trust with demand and capacity work for theatres (commenced 19 August 2015)	COO		Review completed. New theatre schedule implemented 17 October 2016. Surgical Division to provide benefits realisation and utilisation review January 2017 and will include monthly update at divisional performance reviews.	Jun-16	achieved	no
21	5b	Embedding Access policy into BAU, implementation of GOO PTL and GOO management meetings within services, with exception reporting at weekly Access meeting			All agreed actions implemented within timeframe. Internal audit undertaken by RSM. Report being finalised.	June-16 Dec-16	achieved	yes
22	5b	Outpatient Programme Board - commenced Nov-15			Initial project milestones completed within anticipated timelines. Elective Medicine division to take ownership of future outpatient transformation projects.	Nov-16	achieved	no
23	5b	Outpatient Users Group established Dec-16			Users group established to manage day to day / BAU improvements and standardisation.	Dec-16 onwards	achieved	no
24	5b	RTT Programme Board to be re-established to ensure divisional recovery planning and sustained improvement.	COO		First meeting took place on 06 October 2016. Monthly meetings continue.	Oct-16	achieved	no
25	5b	Demand and Capacity Modelling workshops to be organised for DMs & ADMs (Surgery).	CIO		External support (IST) as envisaged was not achieved. A capacity modelling tool has been developed by the Information Team for use by the Surgical Division.	Dec-16	achieved	no
26	5b	Divisional level RTT Access & Performance reviews to be reinstated and led by DM for Surgery.	CIO		New DM in Surgery (in post Dec-16) has implemented weekly divisional level review of RTT performance against speciality action plans.	Oct-16	achieved	no
27	5b	Outsourcing programme.			Outsourcing has commenced in ENT, Oral Surgery, Orthopaedics, Pain and General Surgery.	Oct-16	achieved	no
28	6	Implement EPRR action plan dated December 2015. Progress / exception reports to be provided x 3 per annum to S&Q Committee	CIO		2015 EPRR Action plan completed in May 2017 with all aspects of the plan being delivered, including the approved introduction of major incident training through e learning (may 2017). External assurance NHSE EPRR annual core standards review rated WHHT EPR as Fully compliant in October 2016.	Jul-17	achieved	no
29	6	Participate in system simulation event	CIO		The Trust facilitated and participated in a major full scale live multi agency exercise on 24 th June 2016. Exercise Phoenix was exercised across the health system and partner agencies in Hertfordshire. Exercise involved over 400 participants from 17 different organisations. The Trust has now facilitated or participated in 20 exercises since 2015 both internally and with external partners locally, regionally & nationally	Jun-17	achieved	no
30	6	Report on learning from the simulation event to be reviewed by S&Q	CIO		Exercise Phoenix 3 papers and reports presented to internal and external partners. Reports presented to TEC, S&Q and EPG All lessons learnt assessed and actioned.	Jul-17	achieved	no
31	6	Update divisional and directorate business continuity plans	CIO		BCP fully updated: 1-Corporate BC plan, 5-Divisional BC plans & 45 -Service level BC plans	Sep-17	achieved	no
32	7a	Minimise income risk through finalising agreements linking operational performance trajectories to Sustainability Funding	CFO		Operational target trajectories submitted. Written confirmation needed that Sustainability funding will be linked to recently submitted trajectories. Notification of outcome of appeals expected April 2017.	Oct-16	achieved	no
33	7a	Establish action teams to define, monitor and deliver targets CQUIN, Lord Carter, STP Conditions, Nurse agency cap. Also extend the Annual Plan CIP expectation from £14m to £18M.	CFO		Teams established. CQUIN Executive, Efficiency Steering Group, Workforce efficiency theme group. 2016 / 17 CIP programme in development - covered under new principle risk.	Jun-16	achieved	no

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34	7a	A programme of work supported by the Executive towards a cultural change where cost benefit analysis takes place and options appraised before any decision to overspend. Even where an over spend is approved action taken to recover the position.	CFO		Executive agreed to only apply changes to meet operational pressures for a limited time Any permanent request to be formally approved after cost benefit analysis. Policies / procedures updated to formalise requirements.	Jun-16	achieved	no
35	7a	Establish internal PMO team to support the efficiency programme.	CIO		Establishment of PMO in progress. Two short term posts still filled with interim appointments and work programme being firmed up. EY handed over programme management materials.	May-16	achieved	no
36	7a	Complete revenue deficit and working capital funding application.	CFO		Draft application discussed at June FIPC. HIS review of capital programme complete. Further iteration of ITFF application submitted to NHS Improvement (NHSI). Funding received.	Jun-16	achieved	no
37	7b	Instigate training programme to support business cases and ensure a quality review prior to relevant consideration for approval.	CFO		General Finance training programmes initiated for middle and junior members of staff. Business case training for senior managers completed in July. Business case training for Board members arranged as part of the Board Development Programme in December 2016.	Sep-16	achieved	no
38	7b	Complete the application for national funding.	CFO		Completed and ITFF loan secured February 2017. Delays due to national approvals process but all internal milestones met.	Jun-16	achieved	no
39	8	Over reliance on email communication (staff) - new staff newsletter to be launched, will be bi-monthly.			Bi-monthly newsletter now published and feedback is very positive. Shift of focus to print (staff newsletter) and good attendance at team brief has demonstrated an appetite for non e-comms.	Jul-16	achieved	no
40	10	Joint review of risks to RTT and cancer delivery to be undertaken between WHHT and HVCCG and mitigations identified. Formalise escalation where delivery at risk due to system issues.			RTT oversight via monthly CQRM meetings. Risks escalated via this process.	Aug-16	achieved	no
41	10	Strengthen relationships with senior public sector leaders - WHHT CEO to attend public sector chief executive forum	CEO		First meeting 05 October.	Oct-16	achieved	no
42	10	Child and Adolescent Mental Health Service (CAMHS) - work with HPFT to agree approach to managing care and treatment of C&YP with mental health needs presenting to WHHT emergency care services.			Ongoing operational dialogue in place - no further actions currently identified as required.	Sep-16	achieved	no
43	10	Local Delivery Board Plan to be developed in partnership with Your Care Your Future (YCYF) Programme Executive	CEO		Mapping previous SRG plans and 5 mandated areas across into updated Local Delivery Board plan for 2016/17.	Jul-16	achieved	no
44	10	Sustainability and Transformation Plan (STP) to be developed with partners.			Hertfordshire and West Essex STP submitted to NHS E November 2016. Published December 2016. External advisory support commissioned to advise on strengthening governance and delivery arrangements.	Jul-16	achieved	no
45	10	Aligned demand, capacity and financial assumptions to be agreed as part of the development of the main redevelopment Strategic Outline Case (SOC)	CFO		Modelling assumptions for SOC agreed with HVCCG (aligned to YCYF / STP). Further detail and stress testing required at speciality level. Joint working group being established to support West Hertfordshire STP delivery and development of more detailed assumptions for OBC.	Jul-16	achieved	no
46	10	Appoint Project Manager to develop plan to facilitate stronger clinical partnership work and ensure clearer more streamlined approach to care pathway improvements			Project Manager appointed and in post 05 September. Director of Integrated Care appointed - in post 30 January 2017. Programme of Care pathway improvement work underway.	Sep-16 [complete] & new action needed	achieved	no