

BOARD ASSURANCE FRAMEWORK ACTION TRACKER 2016/17
"closure report"

Appendix 2

ref	PR	Improvement area / action	owner 1	owner 2	update as at April 2017	due date (original)	status	reasons for delay / failure to deliver as expected (1)	notes	Carried Forward?
1	4b	procurement and implementation of new cancer information system following approval of business case	CIO		TEC approved business case in Sept 16. Delays in ITFF approval prevented in year delivery.	Mar-17	not achieved	lack of / delay in capital funding	ITT application confirmed 28th February. TEC have confirmed priority scheme for implementation in 17/18.	yes
2	5a	Achievement of the 95% standard via the delivery of the System Resilience Plan (system wide approach) to be monitored via the A&E Delivery Board meetings attended and chaired by WHHT CEO.	COO		Performance below trajectory. Emergency care transformation plan in place. New trajectory submitted.	Sep-16	not achieved	other (please specify)	See detailed updates provided to Board for analysis of performance and factors underlying non delivery.	no
3	7a	Develop SLR, benchmarking and capacity models to ensure that Trust is paid for work carried out at the right price, costs removed and efficient use of resources.	CIO		IT servicer improvements complete. Schedule for more definitive feeder system and Albatross development to be advised.	Sep-16	partially achieved	IM&T	Issues with functionality linked to IT infrastructure now resolved.	yes
4	1	Establish medical safe staffing assurance report	CMO		A steering group has been established to formulate an approach to the development of an establishment and vacancy strategic plan. The membership includes the Medical Director and representation from Human Resources and Medical Workforce	Jun-16	partially achieved	other (please specify)	Advice is being sought from NHS I medical Director Regarding Best Practice. Lack of e-roster for medical staff means reliant on manual systems. Some progress has been made with establishing retrospective reporting of medical staffing utilisation to help identify hotspots.	yes
5	1	Implement actions arising from internal audit of complaints in Q4 2015/16	CNO		Audit report reviewed and actions incorporated into complaints improvement programme with the exception of training on recording actions	Nov-16	partially achieved	management capacity / operational pressures	Leadership / management issues have been addressed. Only one action outstanding to complete in June - monitored via S&C & Audit Committee	yes
6	1	Implement complaints review and 90 day improvement programme	CNO		New Complaints indicators report in the Trust Board IPR. Complaints adviser based in unscheduled care division after successful pilot. Complaints tracker reviewed and implementation of improved quality and performance across the divisions.	Dec-16	partially achieved	management capacity / operational pressures	Leadership / management issues have been addressed. Improvement work continues. Carried forward into 17/18	yes
7	1	Embedding the learning from SI's +duty of candour understanding and thresholds for moderate and severe	CNO		Develop process to track actions from SI's through divisional performance reviews . Continuing to develop Datix and thresholds for duty of candour. Duty of candour intranet page available for staff including a link to the duty of candour video	Dec-16	partially achieved	milestone insufficiently specific		yes
8	1	Establish status of clinical guidelines and agreed trajectory for compliance	CNO	CMO	Review underway of clinical guidelines. Purchase of Q-Pulse to manage and monitor clinical guidelines review process mapping exercise for Trust guidelines was still in progress and being undertaken by the Assurance Team. The trajectory for clinical guidelines was agreed at policy review group Dec 16 and set to achieve a target of 90% in date guidelines. In date guidelines were 54 % at end March.	Mar-17	partially achieved	milestone too ambitious	Good progress in identifying and cataloguing clinical guidelines. This has been time consuming and a high volume of guidelines have been identified hence progress to achieve in date trajectory not delivered.	yes
9	5b	External demand management.	COO		Discussed as standing agenda item with CCG colleagues at Quality Contract Review meeting.	Jul-16	partially achieved	other (please specify)	This was a CCG lead role. Referral rates have varied by speciality across the year. The CCG diverted referrals to alternative providers for a period but it is not clear that total volume of activity across the system reduced.	no
10	3	Maintain the operational functionality of the hospital estate through a programme of planned and preventative maintenance	Dir Env		Environment division help desk operational. Estate asset database will not be completed until May 17, full PPM programme will be rolled out in 2017/18, with first years full compliance on 31 Mar 18.	Mar-16	partially achieved	management capacity / operational pressures	PPM programme is in place but a full asset database is required to ensure this is comprehensive. Asset database was delayed but is now progressing to revised plan	yes
11	3	Deliver programme to develop and populate ARCHIBUS	Dir Env		New versions of ARCHIBUS installed and being populated. Data entry underway. Full functionality not before October 2017.	Dec-15	partially achieved	management capacity / operational pressures	Range of issues have delayed full delivery included management capacity and IM&T functionality. These issues are resolved and good progress is being made.	yes

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12		provide assurance against spectrum of Environment Division activities through the operation of the Premises Assurance Model	Dir Env		PAM Dashboard complete. Actions complete to address 90% of the areas graded inadequate. Estates asset database delayed by 4 months (estimated completion now July 2017). PAM reassessment scheduled for September 2017	Nov-16	partially achieved	management capacity / operational pressures	as above.	yes
13	3	Provide assurance that estate is 'fit for purpose'	Dir Env		Updated to 6 facet (condition) survey commissioned. Report due mid 17. Will address compliance issues, identifying areas of high and significant risk. Derogations will be required for areas of non- compliance to standards	Dec-16	partially achieved	management capacity / operational pressures	as above.	yes
14	3	Deliver 2016/17 capital works programme	Dir Env		Programme was prioritised at CFPG in April 16, but was dependant funding. Delay in response to ITFF submission means full in- year programme was not delivered endoscopy and MRI/CT works will complete in April 17	Mar-16	partially achieved	lack of / delay in capital funding	Delay to ITFF funding and reduced level of funding available meant that full programme could not be delivered.	yes
15		Continued recruitment of nurses to ensure that the vacancy rate for our nursing workforce reaches 5%. In addition plan to reach 5% vacancy rate	DWF		Nurse vacancy rate stands at 14% although actual staff in post is much higher than 12 months ago. There is a good pipeline of overseas nurses due to start Later on in the year. Vacancies amongst consultant posts is less than 5%. There are still some very difficult to recruit to areas e.g. middle grades in ED, working group set up to manage	Mar-17	partially achieved	milestone too ambitious	Targets for 17/18 to be reviewed - benchmark against 'outstanding' rated organisations.	yes
16	8	Confirm planned approach for stakeholder management in 2016/17 including board development session.	Dir Comms		Plan agreed for NED buddying and board development session held December 2016. Follow-up to board session moved off agenda due to other priorities - to be rescheduled in 2017.	Oct-16	partially achieved	management capacity / operational pressures	Some progress made but requires further development.	yes
17	8	Agree metrics to track delivery / performance of communications and stakeholder engagement activity.	Dir Comms		Partially completed, media and engagement metrics are now part of Board papers but require analysis to show trends / success. This will form part of stakeholder strategy	Oct-16	partially achieved	management capacity / operational pressures	Some progress made but requires further development.	yes
18	9	Trust Strategy - implementation plan / 2016/17 priorities to be developed.	DCEO		Trust wide Transformation priorities for 2017/18 set out at high level in Operating Plan. Transformation Groups established and initial draft priorities agreed - in process of being finalised (NB - expect to evolve further over time). Includes 2017/18 priorities from strategy.	Sep-16 & March-17	partially achieved	management capacity / operational pressures	The primary focus during 16/17 was on the development of the acute transformation SOC and the implementation of specific pathway changes in response to commissioner priorities.	no
19	9	Estates Strategy.	Dir Env		Estate strategy approved by Trust Board in February 2017. Implementation plan in development. Year one priorities to be confirmed and ITFF submission prepared.	Jun-16	partially achieved	other (please specify)	Estate strategy was delayed to enable full alignment with the redevelopment SOC.	no
20	8	Business case successful for intranet update	CIO		Delayed due to resourcing and focus on improved face to face/print communication in run up to CQC reinspection. Business case developed - approved but not funded during 2016/17	Major work completed by Sept-16	partially achieved	management capacity / operational pressures	The business case has been developed, but full delivery was delayed due to resourcing and management capacity	no