NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Trust Board

Agenda Item	6d.	Date: 26.04.17
Title of Report	BAF 17/18	
Purpose of the report and the key issues for consideration/decision	The Board are asked to receive and note the attached BAF template for 17/18. There are still details around corporate objectives to be completed. C Alexander is working with EDs to finalise.	
Prepared by: Name & Title	Claire Alexander, Associate Director of Governance and Assurance	
Presented by:	Na – for information	
Action Required (please X)	Approve: — ; Adopt: — ; Receive for information: x	
Strategic/Corporate Objective(s) supported by this paper	Governance	
Is this on the Trust's risk register?	No: x ; Yes: — ; If Yes, Score: —	
Which Standards apply to this report?	CQC: x ; NHSLA: x ; BAF Objectives: x ; WWL Wheel: x	

Have all implications related to this report been considered?

	Yes/No/NA	Any Action Required		Yes/No/NA	Any Action Required
Finance Revenue & Capital	Na	Na	Equality & Diversity	Na	Na
National Policy/Legislation	Na	Na	Patient Experience	Na	Na
NHS Contract	Na	Na	Governance & Risk Management	Y	
Human Resources	Na	Na	Terms of Authorisation	Na	Na
Consultation/Communication	Na	Na	Human Rights	Na	Na
Other:	Na	Na	Carbon Reduction	Na	Na
If action required please state:					

Previous Meetings

Please insert the date the paper was presented next to the relevant group

ECC	Audit Committee	Quality & Safety Committee	Finance & Investment Committee	Management Board	IM&T Strategy Committee	HR Committee	NED	Other
Na	Na	Na	Na	Na	Na	Na	Na	Na

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Board Assurance Framework 2017-18

Quality

Corporate Objective:	**To deliver safe, high quality, effective, evidence-based patient care**	**Lead Director**: P Law, Director of Nursing / S Arya, Medical Director	**Responsible Monitoring Committee**: Quality & Safety
Measurement	Mortality; compliance with 10 DNACPR Always Events; reduction in moderate and serious falls; reduction in hospital acquired infections; development of a metric to measure Right Patient Right Ward; Development of ward accreditation system; reduce avoidable harms measures through a reduction in SI's theatre effectiveness; accurate and validated SLR figures; prioritise in terms of short, medium and long term, implement choose wisely UK campaign with 100% adherence; reduce unnecessary investigations by 10%, interventions by 10% and prescription drugs by 10%		
What does the objective mean?	To deliver safe, high quality, effective, evidence-based patient care	**Impact of not achieving the objective**	Unsafe, poor quality care, regulatory enforcement; increase in STEIS reportable incidents (serious incidents), complaints and clinical claims, poor patient experience.

Key Risk	**Key Controls**	**Assurance on controls**	**Gaps in Control and or Assurance**	**Initial risk**			**Target risk**			**Month 2017-18**	**Committee**	**Discussion/Rationale for score including further actions agreed and timescale for delivery**	**Relevant Corporate Risks Identified In-year**	**Current Score**		
What are the key risks to achieving this corporate objective?	What controls/systems are currently in place to mitigate the risk?	Where we can gain evidence or assurance that our control/systems are effective?	Potential areas of weakness that may require additional controls/further consideration?	**C**	**L**	**S**	**C**	**L**	**S**					**C**	**L**	**S**
Failure to achieve an improved benchmarked position for mortality	Weekly death audits and annual summary identifying themes; Focussed improvements in relation to Sepsis and AKI; Mortality Framework linking with the management of serious incidents; Joint project with the CCG reviewing deaths within 30 days of discharge;	HSMR/SHMI data – Trust Board Performance Report; Dr Foster Mortality Alerts; Quarterly mortality reports to Quality and Safety Committee.	Trust-wide mortality group Trust-wide understanding/ plan for areas requiring focus/improvement	5	5	25	5	3	15	April	Q&S 12.04.17	Mortality data for the Trust was still high ; unscheduled care pressures had contributed to this position as well as the increased morbidity of patients and delays in transfers to care homes; a significant amount of internal work was being done including the establishment of a mortality group. The Committee agreed to retain the proposed opening score of 25.	Na.	5	5	25
										May						
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	System to review deaths of patients with a learning disability.			5	5	25	5	3	15	Sept						
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Failure to achieve infection control trajectories	Infection control team; Strategy and work-plan; Infection Control Committee; System for infection investigations/ scrutiny; Infection control audits and follow up;	Numbers of CDT's; MRSA; MSSA; e-coli infections – Trust Board Performance Report; Learning from infection investigations/scrutiny; Achievement of CDT trajectory for 2017-18 (19); No lapses in care.	Benchmarking data with other organisations Process for new reporting standards Compliance issue with ANTT; Availability of side rooms.	4	5	20	4	3	12	April	Q&S 12.04.17	As a consequence of the pressures on the hospital system, it was noted that infection rates had started to increase. The acuity and dependency of patients meant increased susceptibility to infection. There had been one CDT in April and a possible other case that was being investigated. There would need to be focus on maintaining the Trusts internal standards. The Committee agreed to retain the proposed opening score of 20.	Na.	4	5	20
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	Deep clean schedule; PLACE Assessments – Cleanest hospital for three years running.			4	5	20	4	3	12	Oct						
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Failure to reduce clinical variation and drug costs by 10%	To be agreed with the Medical Director on his return from leave.	To be agreed with the Medical Director on his return from leave.	To be agreed with the Medical Director on his return from leave.							April	Q&S 12.04.17	Risk could not be scored this time.	Na.	-	-	-
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Workforce

Corporate Objective:	**Have a safe and flexible workforce that meets the needs of the service now and for the future**	**Lead Director**: A Balson, Director of Workforce	**Responsible Monitoring Committee**: Workforce
Measurement	**Pay bill** – reduce agency expenditure below agency ceiling and to under 2.11% of pay bill, reduce cap breaches by 15%, pay bill reduction by Carter definition of 7%; **Rostering** – vacancy rate under 3.5%, nursing shift fill rates over 89%, 100% job plan completion aligned to standardised SPA framework, block contract and locality plan; **Health & Wellbeing** – sickness rate below 4%, statistically significant improvement in pulse survey score for energy, reduction in health age from 4 years 7 months as defined by Britain's Health Workplace survey, be in top 50% of Britain's Healthiest workplaces, below average sickness rate for S4W programme participants; **Learning and Development** – draw down more than 85% of the apprenticeship levy fund, mitigate the pay bill impact of apprenticeship levy to under 4%, statistically significant improvements in pulse survey scores - personal development, statistically significant reduction in reason for leaving 'lack of personal development'		
What does the objective mean?		**Impact of not achieving the objective**	

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Staff Engagement

Corporate Objective:	To improve levels of staff engagement, developing a culture of confidence and optimism where staff can directly influence change		Lead Director: A Balson, Director of Workforce	Responsible Monitoring Committee: Workforce
Measurement	Overall engagement score 4 (national staff survey); FFT recommendations above 80%; statistically significant improvements in pulse survey scores - influence, mindset, clarity and recognition; implement new leadership framework and behaviours – assessed through new 360			
What does the objective mean?			Impact of not achieving the objective	

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Performance

Corporate Objective:	**To meet all national access targets**	**Lead Director**: M Fleming, Director of Operations and Performance	**Responsible Monitoring Committee**: Finance and Investment
Measurement	A& E 4 hour target (95%); 18 weeks/RTT Incomplete Pathway (92%); Cancer targets – 2 weeks to be seen, 31 days to first treatment and 62 day wait urgent GP referral to first treatment; Diagnostic-seen within 6 weeks.		
What does the objective mean?	The Trust is required to meet a number of national access targets in relation to A&E, cancer treatment and diagnostics.	**Impact of not achieving the objective**	Impact on quality of care and financial position. Possibility of regulatory action.

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Failure to meet the A&E 4 hour target (95%). **If the Trust is unable to manage the level of emergency demand it may lead to:** **An inability to deliver operational standards. Affect quality of care for large number of patients.** **Unmanageable staff workloads.** **Negative financial position.** **Regulatory action.**	Emergency Demand & patient flow management arrangements Emergency Department Standard Operating Procedures. Monthly Performance management meeting	Daily and Weekly meetings: Patient Flow meeting Daily Board rounds Achievement against standard reported to F&I Committee & Trust board via Performance Report. Daily/weekly performance data monitoring/ NHS	Not achieving 95% standard Commissioner Contracting (Chorley A&E) Increased Acuity of patients Weakness in local/ regional Escalation Process Co-location of Primary Care/	**4**	**5**	**20**	**4**	**3**	**12**	April						
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Failure to meet the A&E 4 hour target (95%). *Cont.*	NHSI A&E Improvement Plan Winter Resilience Plan Patient Flow Projects– Gettinge HIS	England/Urgent Care Dashboards Friends and Family Feedback Output from A&E Quality Improvement Group A&E Delivery Board Outputs Systems Resilience Operational group CQC inspection	Managing Demand Access to Community Beds.							Oct						
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Finance

Corporate Objective:	To achieve two year budget stability	Lead Director: R Forster, Director of Finance and Informatics	Responsible Monitoring Committee: Finance and Investment
Measurement	Financial Budget and Control Total; FRR; Big 12 schemes; Capital Investment versus plan		
What does the objective mean?		**Impact of not achieving the objective**	

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IT

Corporate Objective:	Make the most of our IT Investment to improve quality and efficiency		Lead Director: R Forster, Director of Finance and Informatics	Responsible Monitoring Committee: Strategy
Measurement		HIS phase 2 implementation; HIS usage; paper reduction usage; success on GM Digital funding application; digital maturity score		
What does the objective mean?			**Impact of not achieving the objective**	

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Partnerships

Corporate Objective:	**Improve hospital services through Partnership with Wigan locality commissioners and local provider partners in order to best meet the needs of Wigan residents**		**Lead Director**: R Mundon, Director of Strategy and Planning	**Responsible Monitoring Committee**: Strategy
Measurement	Phase 2 of Transformation Fund successfully achieved; WWL to be integral part of Healthier Wigan Partnership through alliance agreement by March 2018; ICS metrics agreed by September 2017; Primary Care (including GP OOH) to be located adjacent to A&E by October 2017; WWL component of Locality Plan successfully delivered			
What does the objective mean?			**Impact of not achieving the objective**	

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Standardised Hospital Care

<table>
<tr><td>Corporate Objective:</td><td colspan="6">Fully support Standardised Hospital Care across GM and play a lead provider role in standardising Orthopaedics</td><td colspan="7"></td><td colspan="2">Lead Director:
R Mundon, Director of Strategy and Planning</td><td colspan="4">Responsible Monitoring Committee:
Strategy</td></tr>
<tr><td>Measurement</td><td></td><td colspan="18">HT implementation underway by June 2017; Shared Services Board to have met 4 times; NW Sector priority services scoped and implementation plan in place; MoU in place with GM/CMFT by June 2017; GM Theme 3 implications scoped by Sep 2017</td></tr>
<tr><td>What does the objective mean?</td><td></td><td colspan="12"></td><td>Impact of not achieving the objective</td><td colspan="5"></td></tr>
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