

Board Assurance Framework (BAF) 2019/20 - April 2019

Ambition	Board Committee	Enabling Strategy
Our Patients: Providing consistently safe, responsive, high quality care	Quality Governance Committee	Quality Strategy Research Strategy
Our Services: Providing efficient and financially sustainable services	Finance, Performance and Estates Committee	Financial Strategy Estates Strategy Digital Strategy Environmental Strategy
Our People: Providing services by staff who demonstrate our values and behaviours	Workforce, OD and Transformation Committee	People Strategy Equality Diversity and Inclusion Strategy Communications and Engagement Strategy
Our Partners: Providing seamless integrated care with our partners	Finance, Performance and Estates Committee	

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO1 Providing consistently safe, responsive, high quality care														
1a	Deliver harm free care	Mortality - HSMR within control limits	Medical Director	Unreliable or inaccurate data Steps not delivered within the Trust Mortality Reduction Strategy		CQC Safe	Speciality Governance Integrated Performance Report National surveys and audit - secondary control Dr Foster SHMI and HSMR National Benchmarking Reports Model Hospital Data National Audit Data - HQUIP ReSPECT Care Plan	Speciality governance process Partnership working ReSPECT care plans not adhered to or in place No established process for cross system reviews	Trust Operating Model role out Performance review mechanisms of staff	Speciality assurance against governance guide Audit of speciality governance Mortality Reduction Plan Quality review of medical workforce Quality review of nursing workforce		Masterclass and Organisational Development Patient Safety Committee Clinical Effectiveness Committee Drugs and therapeutic Committee 7 day Services Mortality review group	Quality Governance Committee	
		Harm Free Care - Safety Thermometer 99%	Director of Nursing	Unreliable or inaccurate data Failure to deliver against action plans in place for key harms		CQC Safe	IPC Committee Harm Free Action Plans in all areas Ward Accreditation Programme			Quality Strategy Integrated Performance Report Patient Experience Dashboard Quality and Safety Improvement Plan Board Walkrounds Clinical Audit Programme Ward Accreditation Harm Free Care Group			Quality Governance Committee	
1b	Value our patients' time	% patients seen at appointment time	Chief Operating Officer	Systems unable to capture and report data Unreliable or inaccurate data Insufficient clinic capacity resulting in overbooking Inappropriate clinic configuration providing duplicate appointment times Patients arriving late for their clinic appointment Poor engagement		CQC Responsive	Data Quality Group Activity Plan Outpatient Improvement Group	Data Quality Issues New reporting metric Insufficient outpatient capacity to meet current demand across a number of specialities Referral demand across a number of specialities in excess of capacity Speciality Governance	Data Quality workstream Performance Review Meetings Outpatient productivity programme Contract Meetings System approach to managing planned care demand	Monthly Delivery Productive Services report PRM QSOG			Finance, Performance and Estates Committee	

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO2 Providing efficient and financially sustainable services														
2a	Have 'zero waits' to access our services	% patients discharged within 24 hours of PDD	Chief Operating Officer	Systems unable to capture and report data Unreliable or inaccurate data Poor engagement with setting PDD Internal systems not efficient to support timely discharge		CQC Effective	Urgent and Emergency Care Improvement Programme Discharge improvement project Daily review and overview by operational services	Specialty Governance Data Quality Issues New reporting metric	Roll out of the TOM in line with the governance framework	Monthly Delivery Productive Services report PRM QSOG			Finance, Performance and Estates Committee	
2b	Ensure that our services are sustainable on a long-term basis i.e. here to stay	Delivery of Financial Plan £70.3m deficit	Director of Finance and Procurement	Efficiency schemes do not cover extent of savings required - £25.6m Continued reliance on agency and locum staff to maintain services at substantially increased cost Unplanned expenditure or financial penalties Failure to secure all income linked to coding or data quality issues Failure to reduce overall workforce cost to achieve recruitment targets Failure to secure contract income through repatriation schemes and inability to remove cost Activity exceeds contracted levels over and above repatriation and fails to secure all income due from commissioners		CQC Well Led	Financial Strategy and Annual Financial Plan Performance Management Framework Financial Turnaround Group (FTG) oversight of FRP Clinical Services Review Vacancy control process Centralised agency team	Reliance on temporary staff to maintain services, at increased cost Clinical coding & data quality issues Operational ownership of income at directorate level Lack of control over local demand reduction initiatives Operational ownership of efficiency schemes, workforce reduction in particular	Recruitment & retention initiatives to reduce reliance on temporary staff Income improvement plan for each directorate Engagement with commissioners Review back office functions Performance review process refresh through new operating model New system wide contract management framework	Monthly Finance Report to Trust Board FSM meetings with NHSI Scrutiny and challenge through Finance, Performance and Investment Committee and internal Performance Review Meetings Monthly NHSI Performance Review Meetings Internal Audit work plan	TBC by FPEC		Finance, Performance and Estates Committee	
		% of services rated as 'delivering'	Chief Executive	Lack of capacity to establish a robust programme of work		CQC Caring CQC Responsive CQC Safe CQC Well Led CQC Effective	TOM Operational Group	Aligned to revision to national standards 20/21 Report on milestone plan Triumvirate Plan	Tracking national developments Developing shadow running of national standards as they become clear Trust Operating Model Operational Group					Finance, Performance and Estates Committee

Ref	Objective	Metric	Exec Lead	How we may be prevented from meeting objective	Link to Risk Register	Link to Standards	Identified Controls (Primary, secondary and tertiary)	Control Gaps	How identified control gaps are being managed	Source of assurance	Assurance Gaps - where are we not getting effective evidence	How identified gaps are being managed	Committee providing assurance to TB	Assurance rating
SO3 Providing services by staff who demonstrate our values and behaviours														
3a	Have a modern and progressive workforce	Vacancy fill rate	Director of HR&OD	<p>Inability to recruit and retain a suitably skilled workforce to meet demand resulting in unplanned and indefinite closure of multiple services across the Trust</p> <p>Failing to reduce high vacancy rates of consultants and doctors</p> <p>Significant proportion of clinical workforce approaching retirement age</p> <p>Reliance on deanery positions to cover staffing gaps</p> <p>Inadequate workforce planning process</p>			<p>Access to workforce business intelligence</p> <p>People Strategy and Annual Workforce Plan</p> <p>Recruitment and retention strategies</p> <p>People management policies & procedures</p> <p>Core learning & leadership development programmes</p> <p>Vacancy controls</p> <p>Agency cost reduction plan</p>	<p>Age profile of the clinical workforce</p> <p>Accuracy of all workforce information</p> <p>Impact of Brexit on staff from EU countries</p> <p>Capacity within the business to support the process</p> <p>Shortage of sufficient numbers of staff in key areas, impacting on vulnerable services and potential risk to maintain safe services</p> <p>Talent management + succession planning arrangements</p>	<p>Focus on nursing & medical staff engagement & development; exploration of new staffing models</p> <p>Review approach to recruitment to deliver at greater pace and scale</p> <p>Review of age profile & People Strategy to mitigate impact</p> <p>Communication & engagement with EU staff & their managers</p> <p>Recruitment programme</p> <p>Development of sustainable service model -Talent Academy NHSI Retention Project</p>	<p>People Strategy</p> <p>Additional resourcing support</p> <p>Staff survey results</p> <p>Data quality work</p> <p>Data on effective application of people management policies</p> <p>Absence management arrangements in Trust</p> <p>GMC Surveys</p>			Workforce, OD and Transformation Committee	
3b	Work as one team	<p>Recommend as a place to work in staff survey 46% (↑ of 5%)</p> <p>Recommend as a place to receive care in staff survey 53% (↑ of 5%)</p>	Director of HR&OD	<p>A fundamental loss of workforce engagement which could result in a culture of low morale and motivation that impacts on the quality & safety of services throughout the Trust and permanently damages its reputation</p>			<p>Staff charter and vision and values</p> <p>Freedom To Speak Up Guardian role</p> <p>Staff engagement strategies & plans (including staff surveys) Focus on drivers of engagement: -Engagement of staff in 2021 programme -Opportunities for staff voice to be heard -Work on staff charter and values -Leadership and management development</p> <p>People management policies, systems, processes & training</p> <p>Management of organisational change policies & procedures</p> <p>Inclusion strategy</p>	<p>Consistent quality of local leadership and management</p> <p>Staff engagement and belief in 2021 as means of bringing improvement</p> <p>2018 Staff Survey suggest gap between individuals and Trust around belief that patient care is most important</p>	<p>Trust-wide response to staff survey results to inform revised People Strategy</p> <p>Localised divisional action plans in response to staff survey results</p> <p>Reviewing the current recognition agreement to modernise it and ensure it is fit for purpose</p> <p>Leadership and management development programmes Revamp of 2021 communications</p>	<p>CQC report</p> <p>Workforce Committee KPIs including vacancy rates, appraisals, turnover, core learning, agency usage</p> <p>Pulse survey</p> <p>Staff Survey</p> <p>Quarterly FTSU Guardian report to Board</p> <p>TB FTSU Self Assessment</p> <p>Staffside representative feedback</p> <p>IA Review Public Sector Equality Duty</p> <p>Report on application of people policies - Sickness absence, disciplines, grievances</p>			Workforce, OD and Transformation Committee	
SO4 Providing seamless integrated care with our partners														
4a	Make sure that the care given to our patients is seamless between ULHT and other service providers through better service integration	% reduction in face to face contacts in Outpatients 5%	Deputy Chief Executive Officer	<p>Lack of robust system plan</p> <p>Lack of/insufficient system capacity</p> <p>Poor engagement with primary/community care</p> <p>Demand</p> <p>Unaffordable</p>		CQC Caring CQC Responsive	<p>Activity monitoring</p> <p>Activity plan</p> <p>Contract</p> <p>Improvement project</p> <p>System plan delivery</p>	<p>Lack of system wide performance framework</p> <p>Lack of system delivery method</p>	<p>SET/LCB Hundred Day O/P implementation plans</p>	<p>Performance report</p> <p>Contract system reporting</p>	<p>No system report</p> <p>No delivery plan</p>	<p>ICC Programme Board being set up</p>	Finance, Performance and Estates Committee	