

DATE	22 December 2015
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Kathryn Helley, Deputy Director of Performance Assurance & Assistant Trust Secretary
CONTACT OFFICER	Jeremy Daws, Head of Quality Assurance
SUBJECT	Trust Assurance Framework
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	TGAC Meeting – 2 December 2015
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The October edition of the Trust Assurance Framework (TAF) illustrates the most recent evidence of compliance, to provide assurance, against a number of standards that reflect regulatory and/or statutory requirements. For a summary of the key points, please refer to the ‘At a glance’ overview on page 4 of this report.
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	N/A
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOPSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	N/A
ACTION REQUIRED BY THE BOARD	The Board is asked to note the contents of the Trust Assurance Framework

Directorate of Performance Assurance

Trust Assurance Framework (TAF)

December 2015

Introduction to the Trust Assurance Framework

The Trust Assurance Framework (TAF) is a compendium of evidence of compliance with a suite of standards that reflect regulatory and/or statutory requirements and the criteria established by external assessors and service commissioners.

This report summarises the Trust position as at 24 November 2015 against these indicators and highlights any areas for concern.

This current edition of the TAF is in the process of being overhauled to create a more comprehensive Board Assurance Framework. A summary of the key steps being taken (and those completed to date) is outlined as follows:

Board Assurance Framework – Work Underway

At the Trust's Governance & Assurance Committee in October 2015, the findings following a review of the Trust's current TAF against other organisations and already published best practice guidelines was presented. A proposal within this was contained to move towards the development of a more traditional BAF – Board Assurance Framework. This proposal was agreed by the committee and since October work has been invested in overhauling the current TAF. An update of progress to date is outlined:

- Development of the 'Foundations of the Trust BAF' template completed. This template will, as alluded to in the title, form the foundation of the necessary information required for the Board Assurance Framework and highlight report to be presented to future TGAC and Board meetings.
- Executive leads for each of the key drivers on which the Trust's Strategic Objectives depend have been determined, and initial meetings with the Head of Quality Assurance are being organised to discuss the BAF process and ascertain key people within each area that need to be involved in the BAF assurance process.
- Work continues in ascertaining the most effective overview reporting style for the purposes of TGAC and the Trust Board.
- On completion of the draft BAF, a consultation exercise will be held with the Executive Team to ensure that no key drivers in achieving the Trust's Strategic Objectives have been missed. A board briefing will also be considered to ensure the Board are enabled to get the most from the revised Board Assurance Framework.

Trust Assurance Framework 'At a Glance' Compliance Dashboard

Trust Assurance Framework - Compliance 'At a Glance' Dashboard				
Standards		Red, Amber or Green (RAG)	Previous	Target
1.0	CQC Intelligent Monitoring	RED	RED	G
2.0	The Hygiene Code (New - July 2015)	AMBER	AMBER	G
3.0	Information Governance Toolkit	GREEN	GREEN	G
4.0	Monitor's Risk Assessment Framework	RED	RED	G
5.0	Regulations applicable to Estates & Facilities	AMBER	AMBER	G
6.0	National Institute for Health and Care Excellence (NICE)	79.0%	82.3%	90% (by March 2016)
7.0	Equality and Diversity	GREEN	GREEN	G
8.0	Patient Safety Alerts	AMBER	AMBER	G
9.0	Monitor's Well Led Framework	AMBER	AMBER	G
10.0	National Clinical Audit Programme - On target to meet set deadlines (not results from)	AMBER	AMBER	G

Executive Summary:

- CQC intelligent monitoring. No updated version of this report has yet been received, therefore RAG rating based on release in May 2015 still. CQC have recently announced (28 October) that this will no longer be published, rather from the 'new style' inspections completed to date, the findings and experience will be used to fashion a new approach from April 2016. As a result, the CQC Intelligent Monitoring Report will no longer feature within this TAF or the future BAF.
- Newly released hygiene code in July 2015 has had a gap analysis completed, demonstrating partial compliance, the action plan to address is a standard agenda item on the Infection Prevention and Control Committee (IPCC).
- Monitor's Well Led Framework has resulted in operational groups presenting their arrangements for Clinical Governance to the Trust Governance and Assurance Committee (TGAC). This, now completed, is the basis for a governance timeout to determine if further strengthening arrangements are possible.
- The newly acquired Premises Assurance Model (PAM) in Facilities is currently being populated with a final submission regarding the safety domains planned for March 2016. As a result of this, the full scale of any risks will be clearly seen. Until this point, an amber RAG is in place.
- There are still some residual actions outstanding from patient safety alerts received by the Trust. The number of outstanding actions have reduced to 2 specific elements, so progress is being made.

Trust Assurance Framework – Detailed Narrative

To support the 'at a glance compliance dashboard' a more detailed narrative for each of the areas is provided as follows:

1.0 CQC Intelligent Monitoring

Standard	Red, Amber or Green (RAG)	Previous	Target
1.0 CQC Intelligent Monitoring	RED 	RED	G

The latest Intelligent Monitoring Report was released in May 2015. For greater detail see appendix 1 of this document. A recommendation had been made to add this to the Trust's risk register within the December 14 edition of this report.

During October 2015, however, it was announced by CQC that the Intelligent Monitoring report would no longer be published. CQC have announced that by March 2016, the new style inspection methodology would have been applied to the majority of NHS acute and specialist Trusts and from this experience and learning, a review will be held as to what developments and improvements are needed for hospitals. A new strategy is planned to be launched in April 2016 which will outline CQC's future approach to quality regulation of health and social care services in the future. Colleagues can take part in the consultation that is open now and will lead up to the launch in April.

Key details: [Building on Strong Foundations](http://www.cqc.org.uk/public/about-us/our-performance-and-plans/our-strategy-and-business-plan)
<http://www.cqc.org.uk/public/about-us/our-performance-and-plans/our-strategy-and-business-plan>

Contact: strategyconsultation@cqc.org.uk.

As a result of the Intelligent Monitoring Report ceasing to exist, a recommendation is made in this report to remove this entry from the Risk Register.

2.0 The Hygiene Code

Standard	Red, Amber or Green (RAG)	Previous	Target
2.0 The Hygiene Code (New - July 2015)	AMBER 	AMBER	G

The hygiene code was revised and re-published in July 2015. As a result of this and in response to the new criteria contained within this work to benchmark the Trust against has been completed by the Director of Infection Prevention and Control (DIPC). At present the results of this benchmarking were 'partial compliance'. The action plan to close the gaps identified has been approved and is a standing item on the Infection Prevention and Control Committee (IPCC).

3.0 Information Governance Toolkit

Standard		Red, Amber or Green (RAG)	Previous	Target
3.0	Information Governance Toolkit	GREEN 	GREEN	G

Version 13 of the IG Toolkit was launched at the beginning of June and work is underway to review the changes by the Requirement Owners. As a result of the assurances received this area the Performance Update declaration was submitted on 31st October and it was agreed by the Information Governance Steering Group that we were at Level 2 and therefore has been rated as Green. The next declaration will be made on 31st March 2016.

The internal audit will be taking place in November/December. The objectives of the audit are to consider the adequacy of the Trusts policies, systems and operation activities to complete, support and submit the IG Toolkit and to consider the validity of the scores in the Trust’s self-assessment and review the evidence.

The audit will be carried out in two parts, an initial review of the IG Toolkit assessment with a view to making recommendations for implementation prior to submission (taking place in Nov/Dec) and a final review of the IG Toolkit prior to formal submission (early March 16).

This is currently listed on the Trust’s risk register (entry 1762), rated as moderate risk. As a result of the audit findings this has been rag rated as green, with a risk rating of 8 (4x2).

4.0 Monitor’s Risk Assessment Framework

Standard		Red, Amber or Green (RAG)	Previous	Target
4.0	Monitor's Risk Assessment Framework	RED 	RED	G

In line with Monitor advice in view of current work with the Trust to understand its current financial situation, the Trust retains its RED governance override. The oversight process relating to this review work remains ongoing.

This risk relates to an existing entry on the risk register, risk 1793, relating to non-delivery of the Quality Development Plan and a second entry on the risk register, risk 1756, relating to the financial pressures.

5.0 Regulations applicable to Estates & Facilities

Standard		Red, Amber or Green (RAG)	Previous	Target
5.0	Regulations applicable to Estates & Facilities	AMBER 	AMBER	G

As the Trust has moved away from using Health Assure, the Estates and Facilities team having re-structured and now have a Specific Estates and Facilities Compliance department who are now embarking on the use of the Premises Assurance Model (PAM) to provide overall assurance of Estates and Facilities compliance. As a result of this change in systems, we at present do not have full sight of or awareness of all areas to determine any risks. As a result of this, an Amber rating has been declared.

The 2014 NHS PAM represents a refreshed and updated version of the previous model that is more comprehensive incorporating “hard” and “soft” Estates and Facilities Management services, consistent, aligned with post-Francis regulatory requirements and supports the long term financial sustainability of the NHS. The NHS PAM supports the NHS Constitution pledge:

“to provide services from a clean and safe environment that is fit for purpose based on national best practice” and the current regulatory requirements to ensure that “service users are protected against risks associated with unsafe and unsuitable premises”.

The main benefits of the NHS PAM are to:

- Allow NHS organisations to demonstrate to their patients commissioners and regulators that robust systems are in place to assure that their premises and associated services are safe.
- Provide a consistent basis to measure compliance against legislation and guidance.
- Allow NHS organisations to compare how efficiently they are using their premises.
- Prioritise investment decisions to raise standards in the most advantageous way.

The NHS PAM is a tool which allows NHS organisations to better understand the efficiency, effectiveness and level of safety with which they manage their estate and how that links to patient experience. The NHS PAM has two distinct but complimentary parts:

- Self-assessment question: supporting quality and compliance.
- Metrics: supporting efficiency of the estate and facilities.

The previous lack of overall assurance has resulted in this indicator being changed from Green last report to Amber in this edition of the TAF. Plans are now in place to update this system to provide overall assurance in the future.

The Benchmark workshops in the Safety Domain for the NHS PAM which includes 27 disciplines will be completed by the 30th June 2015, following on from this the remaining four Domains will be completed between July – October 2015.

The Safety Domain workshops will re-convene between October 2015 and end of February 2016 to complete the PAM submission for end March 2016.

6.0 National Institute for Health and Care Excellence (NICE)

Standard	Red, Amber or Green (RAG)	Previous	Target
6.0 National Institute for Health and Care Excellence (NICE)	79.0% 	82.3%	90% (by March 2016)

Work continues to ensure that we are in a position to achieve this. At present, the Trust is not yet meeting this target, as a result, it is red rated.

Again, to avoid duplication, for full details on this area and the work being undertaken as a result see either the monthly Quality Report, overseen by the Quality & Patient Experience Committee (QPEC) or the monthly NICE update overseen by the Trust Governance and Assurance Committee.

This is already an item on the Trust’s risk register (entry 1758).

7.0 Equality and Diversity

Standard	Red, Amber or Green (RAG)	Previous	Target
7.0 Equality & Diversity	GREEN 	GREEN	G

The Trust remains committed to the equality agenda and annual equality and workforce race equality figures are published on our website. The equality training is now a mandatory training requirement within the Trust.

8.0 Patient Safety Alerts

Standard		Red, Amber or Green (RAG)	Previous	Target
8.0	Patient Safety Alerts	AMBER 	AMBER	G

There are some minor residual actions currently being completed against a number of PSA. The Trust Governance and Assurance Committee receive regular update reports on alerts with residual actions. The residual actions are captured in the risk register entry for each of the respective PSA.

Update reports, culminating in their review by the Trust Governance & Assurance Committee, used to be overseen by the Governance Liaison Group. As a result of this group no longer meeting, this element will be picked up in this new style TAF report, providing greater assurance.

9.0 Monitor's Well Led Framework

Standard		Red, Amber or Green (RAG)	Previous	Target
9.0	Monitor's Well Led Framework	AMBER 	AMBER	G

The KPMG review of the Group's Quality Governance Arrangements has concluded, there are some residual actions which operational groups are taking the lead on, one of which was for each group to present their governance arrangements to TGAC. The final presentation was heard at the November meeting and following on from this a governance time out with the groups to determine any further actions required.

10.0 National Clinical Audit Programme – On target to be completed in line with deadlines (not the results from)

Standard		Red, Amber or Green (RAG)	Previous	Target
10.0	National Clinical Audit Programme - On target to meet set deadlines (not results from)	AMBER 	AMBER	G

The National Audits continue to be monitored to provide assurances that they are on target and that any actions required to improve practice have been developed and appropriately monitored. The results of National Audits are classified as to whether they provide the Trust with Significant, Moderate or Limited Assurance that best practice is being followed consistently.

The way in which National Audits are managed within the Trust depends upon the requirements of the projects in terms of data capture and submission. Half of the national projects are managed on a day to day basis by the operational groups with the other half managed by the Quality and Audit Team.

There have been concerns with how some of the national audits have been collated and submitted without adequate validation. This ultimately has implications for the results that are subsequently published. These issues are being rectified and the processes of all national audits are under review. The Q&A Team are leading this work and making an assessment of the current process involved with collecting, validating and submitting the data and also looking at the most recent results to give two RAG Ratings – one for the actual process and one for the last known results. This initial work has now concluded and has helped establish where improvements are needed to ensure the Trusts internal processes are robust and that appropriate data validation occurs.

As a result of this work potential issues are identified on a quarterly basis. Due to the issues identified following this, an overall amber RAG rating has been given. This is driven by individual projects where concern is identified.

During quarter 2 there were 3 individual national audits rated as red or amber (i.e. at risk they will not meet the deadline set). This is an increase from the 2 previously reported in Q1.

The red rated audit is:

- National Rheumatology & Early Inflammatory Arthritis Audit 2014-2017 (Q1, Amber)
Low submission rate of data, 1 of the 4 consultants actively involved in submitting data. Group manager involved and working with clinicians in an attempt to resolve.

Those audits rated as amber are listed as follows:

- National Audit of Heart Failure (2014/15 data) – SGH only (Q1, Amber)
- National Emergency Laparotomy Audit (2014/15) (New)

This monitoring process continues as part of the department's day to day oversight of the national clinical audit programme, as a result, the list of amber rated projects changes on a quarterly basis following necessary intervention and escalation. Escalation processes are in place as part of this process, so any concerns are always escalated back to the operational groups responsible for these projects.

11.0 Issues entered on the Risk Register

From previous versions of this report, the following TAF reported areas are currently listed on the Risk Register:

Existing Risk Register Reported Risks		
TAF reported area	Risk number	Rating of risk
1.0 CQC Intelligent Monitoring	1864	12 (4x3)
2.0 Hygiene Code	1734	16 (4x4)
3.0 Information Governance Toolkit	1762	8 (4x2)
4.0 Monitor's Risk Assessment Framework	1793	10 (5x2)
6.0 Compliance with NICE Guidance	1758	10 (5x2)
8.0 Patient Safety Alerts (residual actions)	1277	16 (4x4)
	1657	12 (4x3)
10.0 National Clinical Audit Programme	1863	12 (3x4)

Recommended Amendments to the Risk Register	
TAF reported area	Rating of risk
1.0 CQC Intelligent Monitoring	Removal from Risk Register

12.0 Trust Governance and Assurance Committee Action

The Committee is asked to:-

- Review the assessment of performance against the range of targets and indicators within the report,
- Note the areas of non-compliance and the actions underway to address the risks identified,
- Approve the use of the various RAG ratings,
- Approve the amendments to the Risk Register.

13.0 GLOSSARY

How are the dashboards RAG (Red, Amber, Green) rated?

The overall RAG rating for the dashboards contained within this report are determined from the lowest scoring denominator within each section. An example of this in action, therefore, is if a section contains 10 standards, 1 being red and the remaining 9 being green, the overall RAG rating would be RED, based on the lowest denominator within the section.

How is assurance gleaned from this report?

This report attempts to bring together in one place outcomes from a variety of sources and other reports, including other board level reports such as the mortality and quality reports. Further assurance will be gleaned from continuing efforts to strengthen the reporting – both in terms of indicators and in terms of more measureable metrics becoming the norm as the basis for RAG rating declarations.

Appendix 1 – CQC Intelligent Monitoring Report

May 2015		December 2014	
Band 1 (Highest Risk Rating)		Band 1 (Highest Risk Rating)	
Overall Risk Score: 9 (Percentage Score: 4.69%)		Overall Risk Score: 10 (Percentage Score: 5.75%)	
Elevated Risk	Monitor - Governance risk (02-Mar-14 to 02-Mar-15)	Elevated Risk	Monitor - Governance risk (09-Sep-14 to 09-Sep-14)
Elevated Risk	Whistleblowing alerts (Status as at 4 March 2015)	Elevated Risk	Whistleblowing alerts (18-Jul-13 to 29-Sep-14)
Elevated Risk (New)	Proportion of patients who received all the secondary prevention medications for which they were eligible. (01-Apr-13 to 31-Mar-14)	Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator
Risk	Composite of PLACE indicators: PLACE score for food (29-Jan-14 to 17-Jun-14)	Risk	Composite of PLACE indicators: PLACE score for food
Risk	Composite risk rating of ESR items: <ul style="list-style-type: none"> - Ratio of Band 6 Nurses to Band 5 Nurses - Ratio of band 7 Midwives to band 5/6 Midwives (01-Jan-14 to 31-Dec-14)		Composite risk rating of ESR items: <ul style="list-style-type: none"> - Ratio of Band 6 Nurses to Band 5 Nurses - Ratio of band 7 Midwives to band 5/6 Midwives (Elevated Risk)
Risk (New)	PROMs EQ-5D score: Groin Hernia Surgery (01-Apr-13 to 31-Mar-14)	Risk	Inpatient Survey Q39 "Do you think the hospital staff did everything they could to help control your pain?"
		Risk	Inpatient Survey Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?"
		Risk	In-hospital mortality: Haematological conditions (01-May-13 to 30-Apr-14)

The following summarises and compares key headline figures from the previous intelligent monitoring reports for the Trust:

	May 2015	December 2014	July 2014	March 2014
Risk Rating – CQC Summary:	Band 1 – Highest Risk			
Overall risk score – n=:	9	10	13	7
Overall risk score – %:	4.69%	5.75%	6.77%	3.76%
Elevated risks (RED):	3	2	4	2
Risks (AMBER):	3	6	5	3