Kingston Hospital NHS
NHS Foundation Trust

Board Assurance Framework 2014/15 and Update on the Corporate Objectives

Trust Board	**Item: 9.1**
26th November 2014	**Enclosure: J**
Purpose of the Report: To provide the Trust Board with the Board Assurance Framework for October 2014, this also provides an update on progress with the Corporate Objectives for 2014/15.	
FOR: Information ☐ Assurance ☒ Discussion and input ☒ Decision/approval ☒	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	The report links key risks from the Corporate Risk Register to the delivery of the corporate objectives
Legal / Regulatory / Reputation Implications:	N/A
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	The Board Assurance Framework has been discussed at the Compliance and Risk Committee meetings
Recommendation & Action required by the Compliance and Risk Committee: The Committee is asked to: a) To review the 2014/2015 Board Assurance Framework attached at **appendix 1** and note the progress on the achievement of the Corporate Objectives for 2014/2015 at **appendix 2**; and b) Consider if the BAF provides assurance, in that it identifies the risks, controls and assurance that allows for the achievement of the Trust's principal objectives.	

Executive Summary

The Corporate Objectives for 2014/15 were approved by the Board in January 2014. Since then there were revisions agreed by the Board in July 2014 to some of the objectives to greater support delivery of the strategic objectives, and amendments made in the light of changes to the executive team.

The Board Assurance Framework has been updated to reflect the proposed changes and updates on progress with delivering the corporate objectives are provided in **appendix 1**. Milestones for each sub-objective have been included.

An update on the achievement of the Objectives for 2014/15 is provided at **appendix 2.**

1. Board Assurance Framework

1.1 Delays in implementing of controls

There are two significant areas where controls have not taken place.

- SO1 - 1.3 - Improvement against nurse sensitive indicators of quality across all wards
- SO2 - 2.1 :
    - 80% of staff to have had an appraisal and agreed objectives and a personal development plan (PDP) by the end of June 2014 (M1) and 90% by September (M2)
    - All staff are formally evaluated against Trust values as part of the annual appraisal process
    - 80% of staff up to date with their mandatory training

1.2 Risks

The BAF has been cross referenced with the Corporate Risk Register and all risks with a score of 12 or over have been listed

1.3 Review of the BAF by sub-committees

The BAF was last reviewed by the Compliance and Risk Committee in November 2014.

1.4 Executive Responsibility for Strategic Objectives

Each Strategic Objective has a designated a responsible Executive lead as follows:

- SO1 – Medical Director and Director of Nursing and Patient Experience
- SO2 – Deputy Chief Executive and Director of Workforce
- SO3 – Director of Strategic Development
- SO4 – Director of Finance

1.5 Exception Reporting of Sub-Objectives Rated as Amber or Red

Updates on sub-objectives are reported on an exception basis for those rated amber or red.

1.6 Strategic Objective 1

To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience

One sub-objective under 1.1 is rated amber:

- Maintain licence to practice and remove any conditions set upon license to practice through achievement of action plans

With regard to governance, all healthcare indicators and targets have been achieved in the Quarter; with the exception of 62 waits for cancer (from urgent GP referral) post local breach allocation, which is currently showing as 79.7% achieved. Data on cancer achievement for September is still provisional. If the data is validated this will mean the Trust has breached cancer targets for the third consecutive quarter on one of the targets.

Exception report:

Since the Q1 report the position on cancer performance has improved overall with all other cancer targets have been achieved following implementation of an action plan progress of which has been reported to EMC. Actions included:

- An Interim Cancer support manager is now in post, with significant experience of managing cancer services
- Support from the NHS IST to help support and train MDT coordinators and trackers to be more robust in tracking patients and escalating concerns. A review is in progress of the systems and processes in place for tracking and escalating
- The Cancer tracking list is review at weekly at the Trust-wide PTL meeting, with further bi weekly meetings with the deputy CEO to monitor and assure performance
- Individual patients are also monitored within individual service lines
- More robust processes have been implemented for tracking patients referred to tertiary centres
- Escalation processes have been revised for all patients with 20 days or less on their pathway
- Progress against the action plan has been monitored at Executive Management Committee

To address the 62 day breaches in particular, the following actions have been highlighted as a priority:

- The training package which has been developed to deliver cancer guidance and PTL management to all staff involved with the management of cancer patients be rolled out through the service management meetings. This will include the importance of the Trust's 'blue dot system' for cancer pathway patients to ensure their diagnostics are processed within the agreed fourteen days.
- Meetings have been arranged with external Trusts to clarify shared patient pathways and ensure a robust referral process is agreed for the management of these patients.
- A robust tracking and escalation process for the PTL will need to be embedded within the service lines to reflect the changes to the MDT coordinators team.

The Trust asked the London Cancer Alliance (LCA) to undertake a peer review of the Trust's cancer action plan which took place in September 2014. They were impressed with the overall content and direction of travel set within the plan including the movement of the MDT Coordinators from the central cancer services team into their relevant service lines.

The action plan has been updated to reflect these recommendations from the peer review and is being monitored at EMC.

Monitor has been kept up to date with progress around cancer performance and this was discussed in the annual formal discussion with them including detail on action plans in place. Further discussion will take place in the regular feedback meeting in November.

One sub-objective under 1.2 is rated amber:

- Achievement of 100% CQUIN target

Exception report:

Agreement has not yet been reached with the CCG on Q1 for CQUINs. A meeting has taken place and further evidence is being provided to resolve the queries raised to assure work has been undertaken.

One sub-objective under 1.3 is rated Red:

- Improvement against nurse sensitive indicators of quality across all wards:

Exception report:

During October 2014 there has been a spike in hospital acquired pressure ulcers which therefore makes a 10% reduction against the 2013/14 outturn unlikely. Actions to address this are as reported in the Clinical Quality Report Exception Report.

Three sub-objective's under 1.4 - To refresh the Quality Strategy have been rated amber:

- Refreshed quality strategy
- Implementation of 2014/15 action plan
- Every member of staff is aware of the quality goals

Exception report:

The refresh of the Quality Strategy had been aligned with the Quality Account objective setting process. The sign off of the refreshed strategy has been therefore moved to the January 2015 Trust Board, in order to complete the listening components of the refresh in November/December 2014.

One sub-objective under 1.5 is rated amber:

- All outpatient and discharge letters to GPs within 5 days – by September 2014

Exception report:

Discharging letters to GPs within 5 days are not being consistently achieved across the Trust. This is being addressed as part of the Administration Improvement Plan, and performance is being monitored weekly within the service lines. There have been a number of difficulties with there not being a standard operating procedure (SOP) which are being actively resolved to ensure a consistent service is provided. This includes technological support, review of systems in the service lines to sign off dictated letters and printing support and engagement with the ward clerks to follow the revised SOP.

1.7 Strategic Objective 2

To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients

Four sub-objectives under 2.1 are rated red:

- 80% of staff to have had an appraisal and agreed objectives and a personal development plan (PDP) by the end of June 2014 (M1) and 90% by September (M2)
- All staff are formally evaluated against Trust values as part of the annual appraisal process
- 80% of staff up to date with their mandatory training

Exception Report:

As of the end of October 2014 the Trust was at 87% for completed appraisals and 63% for statutory and mandatory training. The introduction of the training booklets has enabled staff to complete their training. We are ensuring further distribution to wards and other low scoring areas to help staff achieve this objective. The Performance Review meetings will monitor performance and Divisional Directors, supported by the HR Managers, will ensure completion. Service Lines who have not reached the target have been ensuring all staff without a PDR have a date of completion. Divisional Directors have been tasked to address poor performance in their areas. The Compliance and Risk Committee will be ensuring this is picked up as part of discussions around governance arrangements as part of the accreditation process for service lines.

- All doctors appraisals and revalidation is undertaken

Exception Report: I've tidied this up a bit but still doesn't read well.

The appraisal management system is being updated and new approaches have been identified. Appraisers have been identified and late appraisals for individuals are being chased up. Monthly reporting is provided to the Medical Director and Divisional Directors.

One Sub-objective under 2.2 is rated amber:

- 50% reduction of nursing agency usage by April 2015

Exception Report:

Actions to reduce nursing agency usage are concentrating on the rapid recruitment process to reduce vacancies (see below), as well as escalated controls on booking agency, better management of rostas, continuing pressure to reduce days lost through sickness by ensuring effective management of short term and long term sickness and challenge to service line managers on whether agency usage could be met through better use of bank.

1.8 Strategic Objective 3

To work creatively with our partners (NHS, commercial and community) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.

One sub-objective under 3.1 is rated amber:

- Delivery of Pathology Programme

Exception Report: There has been some delay in delivery of the milestones which have been mitigated this financial year.

1.9 Strategic Objective 4

To deliver sustainable, well managed, value for money services

Four sub-objectives have been rated amber under Sub-Objective 4.1: To deliver the 2014/15 financial plan and 4.3 to deliver the productivity programme.

- Achievement of Trust's agreed control total
- Monthly reports to Trust Board, I&E balance
- Achievement of agreed CIPs for each of the Trust's divisions and corporate areas
- CIP Programme on track

Exception Report:

The Trust was adverse to plan in Month 7 and is £1m adverse against plan year to date and is achieving 90% of the ytd CIP plan. Nine services are taking part in enhanced performance management mechanisms to ensure financial performance improves.

One Sub-Objective under Corporate Objective 4.2 (to provide quality and timely management information) is amber.

- Fully developed recharging mechanism for indirect and overhead costs

Exception Report:

The Trust has recompiled its plan to develop and implement recharging using the iSLR product. Significant progress has been made and shadow reporting using iSLR will exist from Month 9 with the intention of using fully in the next financial year.

2. Summary update on progress with delivering corporate objectives for 2014/15

A summary on key areas of progress and those requiring additional focus are outlined below. Further detail on the progress in all areas is available in **Appendix 2.**

2.1 Strategic Objective 1

To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience

Good progress has been made in the following areas:

- CQC preparation - self assessments and peer reviews have taken place in all service lines and good progress is being made with developing action plans
- Quality Strategy - The Patient Assembly has been disbanded and a new group put into place with. Focus on supporting the Trust with patient and user engagement around service developments. Good progress has been made with putting into place the 'You

said, we did' campaign, NESTA funding has been secured and volunteering numbers and engagement continue to grow.
- CRS - Implementation with CRS is progressing well with all wards due to be completed by the end of December 2014

The following areas require additional focus in the coming months

- Achievement of all Cancer targets for which a detailed action plan is in place and was updated following the LCA peer review visit commissioned by the Trust in September. Progress with delivery is being monitored by the Executive Management Committee.
- Addressing issues around an increase in numbers of grade two to four pressure ulcers progress of which is being monitored through the Quality Improvement Committee and QAC
- The annual Quality Governance Review, discussion on the Well Led Framework and the Board Review of effectiveness took place in November. These discussions were positive and a great deal of progress was noted, however areas requiring further focus in terms of evidence gathering for the QGM have been identified and it was agreed that a full governance review, in line with the Well Led Framework should take place before the end of the financial year to further support the Trust in its preparations for a CQC visit which is expected to take place in 2015/16.

2.2 Strategic Objective 2

To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients

Good progress has been made in the following area:

- Service Line Management – Seven service lines have been accredited with strong plans in place to bring through the remainder by March 2015. A recent review by KPMG has confirmed that processes in place to support the roll out of SLM are well embedded overall.

The following areas require additional focus in the coming months

- Taking forward the admin review both operationally and strategically, progress of which is being monitored through Executive Management and Strategy committees

2.3 Strategic Objective 3

To work creatively with our partners (NHS, commercial and community) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.

Good progress has been made in the following area:

- Council of Governors - The COG has continued to grow in strength and confidence. All sub committees have carried out reviews of effectiveness and an effective election process is underway. Two externally facilitated training sessions have been held in the last four months around improving engagement with the membership and the role of governors in holding the NEDs to account. Non-Executive Directors have been aligned with the COG sub- committees to further support this.

The following area requires additional focus over the coming months:

- Pathology programme - There has been some delay in delivery of the milestones which have been mitigated this financial year

2.4 Strategic Objective 4

To deliver sustainable, well managed, value for money services

Overall finances remain generally on track to deliver the end of year position, although in some areas recovery action will be required.

- budget planning is taking place at an earlier stage in the annual cycle and a very positive market place event, with high levels of engagement and energy, took place in November with service lines and corporate and support services. Information was shared about objectives, challenges, areas of potential 'trading' and plans around CiPs. Further discussions are planned in the coming months.

The following areas require additional focus in the coming months

- Development of Cost Improvement Plans for the next financial year which is taking place alongside the budget planning discussions. It is recognised there is a need for significant effort in a number of areas to identify savings.

Recommendation

The Committee is asked to:

a) To review the 2014/2015 Board Assurance Framework attached at **appendix 1** and note the progress on the achievement of the Corporate Objectives for 2014/2015 **appendix 2**; and
c) Consider if the BAF provides assurance, in that it identifies the risks, controls and assurance that allows for the achievement of the Trust's principal objectives.