Kingston Hospital NHS
NHS Foundation Trust

Board Assurance Framework 2016/17

Trust Board	**Item: 18**
27th July 2016	**Enclosure: M**
Purpose of the Report: To provide the Trust Board with the Board Assurance Framework for month 3 of 2016/17	
FOR: Information ☐ Assurance ☒ Discussion and input ☒ Decision/approval ☐	
Sponsor (Executive Lead):	Susan Simpson, Company Secretary
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	The report links risks from the Corporate Risk Register to the delivery of the corporate objectives
Legal / Regulatory / Reputation Implications:	N/A
Link to Relevant CQC Domain: **Safe ☒ Effective ☒ Caring ☐ Responsive ☐ Well Led ☒**	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	Executive Management Committee – 6th July 2016
Recommendation & Action required by the Trust Board : The Board is asked to: a) Review the BAF for month 3 attached in the appendices; and b) Consider if the BAF provides appropriate assurance, in that it identifies the risks, controls and assurance needed to allow for the achievement of the Trust's principal objectives.	

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1. Board Assurance Framework

1.1 The Board Assurance Framework (BAF) focuses on the assurance of the achievement of the corporate objectives agreed by the Board in January 2016. The BAF allows the Board to monitor progress with achievement of performance measures under each of the 4 Strategic Objectives.

1.2 The Board will be reviewing the corporate objectives against recommendations arising from the CQC inspection in January 2016 now that the final report has been received, and also taking into account the recent series of announcements by NHS Improvement and NHS England on measures designed to achieve greater financial stability.

1.3 The content of this report has been discussed with each of the Executive leads and was considered by the Executive Management Committee on 6th July 2016 as part of the quarterly risk management review.

1.4 Exception reports are provided for any objective RAG rated amber or red and these are provided in the summary in Appendix 1. Appendix 2 provides the detail behind the summary report.

1.5 It is proposed that one of the milestones under Strategic Objective 2: Strengthen recruitment and retention relating to the staff survey action plan be removed. This duplicated the actions from the staff survey covered under the remaining recruitment and retention milestones for this objective.

2. Conclusions

2.1 The majority of the corporate objectives are on track. The one area marked amber reflects the fact that the Trust's operating environment is volatile and the outcome is subject to agreement of the STP in July 2016.

2.2 The revised Risk Management Strategy, implemented in Q4 and effective from 1st April 2016 is now showing all risks rated 12+ from individual service line and corporate department risk registers on the Corporate Risk Register. This has resulted in the report showing a greater number of risks under Strategic Objective 1 than previously, but this is due to the change in format rather than an actual increase.

2.3 Since the last report to the Board in May 2016, the risks that were de-escalated below a risk score of 12 were:

- REU21 - Risk to sustainability of some REU services due to future capital requirements.
- TO-015 Risk of incorrect prescribing of medication and administering intravenous fluids because the process within the Care Record System is not intuitive.
- EST_SEC006 Loss of high risk missing patients from both ED and within the ward areas.

2.4 Themes arising from the individual risks reported can be summarised as:

- Ability to recruit sufficient staff to meet quality and capacity needs
- Estates capacity and investment needs
- Equipment upgrades and replacement
- Potential failure of processes and impact on quality

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3. Recommendation

The Trust Board is asked to:

a) Review the BAF for month 3 attached in the appendices; and
b) Consider if the BAF provides appropriate assurance, in that it identifies the risks, controls and assurance needed to allow for the achievement of the Trust's principal objectives.

Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience			
Corporate objectives	**Owner**	**Status**	**Exception Report**
1. Implement Year 3 of the Dementia Strategy	Director of Nursing	**Green**	
2. Improvement in patient administration and delivery of outpatient services	Chief Operating Officer	**Green**	
3. Improve Patient Safety in line with the Quality Strategy 2013-2017 (refreshed 2015)	Medical Director	**Green**	

Assurances and Controls

Controls	**Positive Assurance**	**Negative Assurance**	**Gaps in Assurance/Control**
• Quality Strategy • CQC Preparation and Peer Reviews • QAC • QIC • Clinical Audit Process • Revalidation • CNST • Dementia Strategy Delivery Group • Out of Hours Steering Group • Estates Steering Group • SLM Trios • Board Self Assessments • Unscheduled care improvement plan and monitoring • PLACE Steering Group • Investment Committee • Emergency Care Programme Board • Quality Account • Roll out plan e-prescribing/clinical documentation • Cancer action plan • Meeting with CCG to discuss CQUIN performance • Administration Improvement Plan • Cancer Board • Cancer Lead • Quality Improvement Projects process	• Maternity Survey • SHMI • Referral to Treatment targets • Data for pilot of e-prescribing and clinical documentation • CQUIN • Green Rated Clinical Audits • Quality Strategy refresh plan • Cancer performance/targets • Existing quality improvement projects and structures • Improving FFT results • Quality Improvement Seminar • Financial plan • Business case approvals • Well Led review outcome	• Falls above reduction trajectory • Serious Incidents/Never Events • Red Rated Clinical Audit • Pressure ulcers • Emergency Department performance target	• Quality Performance at Service Line • Inability for staff to describe Quality goals • Trust wide oversight and evidence process, database of morbidity and mortality data needs to be embedded

Link to the Corporate Risk Register: T055, T031, T016, T018, T020, T023, T024,T042, T043, T045, T048, T049, T050, T054,

Risks relating to Strategic Objective 1 scoring 12 or over:

SCC_REU002	Risk of having insufficient Glaucoma capacity	20
GUM013	Risk of errors and delays in move of pathology services if processes not developed in time.	15
CELLP011	Risk of COSDS not receiving required formatted information	12
CoE003 (MAE_AM018)	The failure to control the occurrence of avoidable Trust apportioned cases of C.diff resulting in poor outcomes and experience for our patients. Linked to T028	12
CRS008	Risk of a warfarin prescribing error leading to patient harm because doctors are finding some aspects of warfarin prescribing counter-intuitive.	12
DP002	Risk of having insufficient capacity to meet referral to treatment demand	12
DP003	Risk to delivery of compliant phototherapy service due to estates capacity and staffing resources	12
EST_CE001	Risk to ability to upgrade monitors as needed due to financial constraints and supply issues.	12
G006	Risk of falls resulting in harm for highly vulnerable patients Linked to T_MAE003	12

MAE_AM008	Risk of not having enough nursing staff and appropriate skill mix to deliver high quality care. Linked to T044	12
MAE_AM013	Risk of patients developing avoidable pressure ulcers whilst in hospital due to the failure to put in place measures to manage and protect skin integrity	12
RAD009	Risk of delayed treatment to patient due to long reporting times for plain film studies	12
T040	Risks identified from the Frankham Consultancy Business Critical Review and the development of the Estates Strategy regarding the failure of engineering systems and buildings which are beyond their useful life may be realised.	12

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

Corporate objectives	Owner	Status	Exception Report
4. Strengthen recruitment and retention	Director of Workforce ~~Director of Nursing~~	**Green**	The Sub-objective relating to the Recruitment and Retention Plan is amber. Work is in progress, there is a forward projected recruitment plan, where the Trust is currently over-recruiting in Nursing, Admin and Nursing Assistants to mitigate leavers, internal progression and expected vacancies. Restructured recruitment processes are in place to increase efficiency. The team are now developing plans to use linkedin and social media to target groups and individuals. Plans are being considered to develop this further.
5. Recognised as an employer of choice by Black, Asian and Minority Ethnic Groups (BAME)	Director of Workforce	**Green**	
6. Develop a multi-professional Education and Training Strategy which strengthens training and development to meet current and future needs	Director of Workforce Director of Nursing	**Green**	

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
• Appraisal , PDP policies and procedures and monitoring • Reports to EMC • Registration and employment checks • Nursing Staffing Ratios • Leadership development and other training plans • Corporate staff development programmes • Service Line Management • Mandatory training booklet • Manager staff feedback questionnaire • Staff appraisal questionnaire on effectiveness • Workforce committee • Programme of work on staff engagement • Nursing revalidation Group • Safer Staffing Group • Overseas recruitment plan • Vacancy control panel	• Improvements in turnover, vacancy and sickness rates • Staff survey • Appraisal plan • Reduction in agency spend • Nursing revalidation implementation plan • Business Partners helping to commission recruitment • New induction	• Staff Survey • E-rostering capacity and reporting • Audit of appraisals • Nursing workforce projections- London	• E-rostering optimisation • Learning and development strategy and action plans • Local induction and welcome to Trust

Link to the Corporate Risk Register: T_HR0016, T044, T025, T_HR017, T008, T019

Corporate Risks relating to Strategic Objective 1 scoring 12 or over:

None

Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future

Corporate objectives	Owner	Status	Exception Report
7. With partners develop the Accountable Clinical Network for Cancer Services in West London	Chief Executive	**Green**	
8. Work with CCGs to develop and implement proposals to support integrated care: • Kingston Co-ordinated Care • Richmond Outcomes Based Commissioning	Director of Strategic Development Medical Director	**Green**	
9. With partners develop vision for healthcare locally and across South West London	Chief Executive Director of Strategic Development Medical Director	**Green**	

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
• SWL Acute Providers Collaborative MOU • EOC Partnership Board (commercial documents) • Arrangements with BMI • Market Share Reports • Richmond Outcome Based Commissioning Most Capable Providers MOU • STP planning	• SWL Acute Providers Collaborative functioning with programme Director appointed, Governance arrangements & project plan developed and meetings taking place • Regular meetings of EOC partnership board in diaries, information circulated, more routinely and independent chair appointed. • Stakeholder Engagement strategy signed off by the Board and operational plan in place with quarterly reports to strategy committee • Q market share data shows stability and in specific areas market share is rising • Trust Chair, is Chair of WSTB with successes including roll out of 'discharge to assess' • Patient Involvement strategy principles signed off by the Board • Governance qualification achieved for Richmond Outcome Based Commissioning Most Capable Providers MOU following CCG review.		• Further work required to move EOC arrangements to a formal Joint Venture with strategic and commercial arrangements. • Agreement to be reached on timeline and resources for submission of detailed proposals to support Richmond OBC.

Link to the Corporate Risk Register: T037, T_MAE_AM016, T003, T006

Corporate Risks relating to Strategic Objective 1 scoring 12 or over:

None

Strategic Objective 4 – To deliver sustainable, well managed, value for money services			
Corporate objectives	**Owner**	**Status**	**Exception Report**
10. Achieve top quartile performance within relevant peer group for a defined level of productivity and efficiency measures	Chief Operating Officer Director of Strategic Development Medical Director	**Green**	
11. Further develop the leadership, management and governance structure of the Trust	Chief Executive	**Green**	
12. Develop a mid-term strategy for the Trust (following development of vision by July 2016 as outlined at strategic objective 9)	Director of Strategic Development Director of Finance Medical Director Director of Workforce	**Amber**	Two sub-objectives are rated amber as the delivery of these are subject to the outcome of the STP in July 2016.
13. Respond to actions arising from the CQC and Well Led reviews	Chief Executive	**Green**	

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
• Development of financial recovery plan focussed on ensuring that the Trust is taking all action within its control to mitigate financial risks and challenges and mapping out long-term route to financial sustainability. • Production of robust SLR information to enable service portfolio analysis to inform development of recovery and sustainability plan • Tracking of financial and operational performance against recovery plan. • Appropriate intervention to ensure that performance is maintained and improved. • Regular reviews of financial forecasts to ensure they remain current and realistic. • Regular management accounts worked up in association with Service Lines that feed a cycle of reporting through sub-committees to FIC/Trust Board • Financial information crosschecked with performance information. • Robust management of the recovery programme, feeding into a regular reporting cycle to the Trust Board	• Reliable and timely information provided to FIC and the Board • Demonstrable understanding of position on a monthly basis including variations to plan and mitigations for any gaps • Development and sharing of appropriate balanced scorecards • PMO in place all CIPS have QEIAs, cross-cutting and income CIPS monitored through Project Monitoring Group. • Submission of credible plans and returns to FTFF and NHS Improvement in a timely fashion. • All internal audits are rated 'adequate' or better. • Establishment of robust monthly performance management meetings.	• Unforeseen and unexplained departures from plan • Any audit reports of a limited assurance • Activity significantly above or below plan • Non-pay costs higher than plan	• Unexplained variations in performance compared with the plan / recovery plan • Lack of robust Service Level analysis compromising ability to make longer-term investment/disinvestment decisions

Link to the Corporate Risk Register: T002, T006, T022

Corporate Risks relating to Strategic Objective 1 scoring 12 or over: None

Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience

Detailed Progress of Strategic Objective 1

	Lead Director	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
1 Implement Year 3 of the Dementia Strategy - Director of Nursing and Patient Experience													
Milestone M1 - A minimum of one ward refurbished to be Dementia friendly	**DoNPE**	**G**	**G**	**G**					**M1**				
Milestone **M1 –** Action plan from the PLACE Audit developed **M2** - Actions arising from the PLACE Audit implemented	**DoNPE**	**G**	**G**	**G** **M1**								**M2**	
2 Improvement in patient administration and delivery of outpatient services - Chief Operating Officer													
Achievement of KPIs: **Milestone M1** - Clinics cancelled within 6 weeks of the date they are due reduced by 10%	**COO**	**G**	**G**	**G**			**M1**						
Milestone M1 – midpoint check **Milestone M2** - DNAs reduced to 10% by the end of the year	**COO**	**G**	**G**	**G**			**M1**						**M2**
Milestone M1 – midpoint check **Milestone M2** - Complaints regarding patient administration reduced by 50%	**COO**	**G**	**G**	**G**			**M1**						**M2**
3 Improve Patient Safety in line with the Quality Strategy 2013-2017 (refreshed 2015) - Medical Director													
Milestone M1 - Implementation of the 2nd year of the Sign Up to Safety Projects (SEPSIS, Maternity and Pressure Ulcers)	**MD**	**G**	**G**	**G** **M1**									
- Implementation of the End of Life Quality Improvement Project **Milestone M1** – Project Initiation **Milestone M2** – Recruit Darzi Fellow	**MD**	**G**	**G**	**G** **M1**			**M2**						
Milestone M1 - Ongoing refinement of the Quality Improvement Programme to include projects resulting from complaints or incidents throughout the year	**MD**	**G**	**G**	**G**									**M1**
Milestone M1 - Plans developed to implement electronic medical records	**MD**	**G**	**G**	**G**									**M1**
Milestone M1 - Completion of benchmarking of falls performance against a similar hospital / population and agreement of improvement target. **Milestone M2** - Reduction in falls in line with agreed target.	**MD**	**G**	**G** **M1**	**G**									**M2**

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

Detailed Progress of Strategic Objective 2

	Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
4 Strengthen recruitment and retention– Director of Workforce/ Director of Finance													
Milestone M1 - Completion of comprehensive assessment of recruitment and retention issues to inform targeted solutions by staff group	**DoW**	**G**	**G**	**M1**									
Milestone M1 - Implementation of targeted solutions by staff group to address recruitment and retention issues	**DoW**	**G**	**G**	**G**									**M1**
~~**Milestone M1** - Implementation of the Staff Survey Action Plan~~	~~**DoW**~~	~~**G**~~	~~**G**~~	~~**M1**~~									
Milestone M1 - Improvements in 2016 staff survey results – reduce by 10% the number of key findings in the bottom 20% nationally	**DoW**	**G**	**G**										**M1**
Milestone M1 – Accommodation strategy developed **Milestone M2 – Year one of** Accommodation strategy implementation (milestones to be developed)	**DoF**	**G**	**G**	**G**	**M1**	**M2**							
5 Recognised as an employer of choice by Black, Asian and Minority Ethnic Groups (BAME) – Director of Workforce													
Milestone M1 - Plan developed	**DoW**	**M1**											
Milestone M1 - Plan implemented	**DoW**	**G**	**G**	**G**				**M1**					
Milestone M1 - Plan evaluated	**DoW**	**G**	**G**	**G**									**M1**
Milestone M1 - Improved performance in the Workforce Race Equality Standard (WRES)	**DoW**	**G**	**G**	**G**									**M1**
6 Develop a multi-professional Education and Training Strategy which strengthens training and development to meet current and future needs Director of Workforce													
Milestone M1 - Education and training strategy finalised	**DoW**	**G**	**G**	**G**	**M1**								
Milestone M1 - Plans developed and implemented to provide protected time for development and training across the hospital	**DoW**	**G**	**G**	**G**	**M1**								
Milestone M1 - Identification of priority areas for Education and Training for Managers based on the staff survey results	**DoW**	**G**	**G**	**G** **M1**									
Milestone M1 - Implementation of activities to effect change in priority areas identified for Education and Training for Managers	**DoW**	**G**	**G**	**G**									**M1**

Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future	Detailed Progress of Strategic Objective 3													
	Reporting	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
7 With partners develop the Accountable Clinical Network for Cancer Services in West London – Chief Executive													
Milestone M1 - Full engagement with the Accountable Clinical Network Board	**CEO**	**G**	**G**	**G**									**M1**
Plans in place to manage the transition from shadow running (**Milestone M1**) to full implementation by April 2017 (**Milestone M2**)	**CEO**	**G**	**G**	**G**		**M1**							**M2**
8 Work with CCGs to develop and implement proposals to support integrated care with Kingston Co-ordinated Care and Richmond Outcomes Based Commissioning - Director of Strategic Development/Medical Director													
Milestone M1 - Proposals developed and agreed with Board and monitor as appropriate	**DSD**	**G**	**G**	**G**									**M1**
Milestone M1 - facilitate integration of the Electronic Patient Record across the Health and Social Care economy, subject to funding Increase accessibility of the Kingston Care Passport	**MD**	**G**	**G**	**G**			**M1**						
Milestone M1 - Plans developed for the implementation of Kinesis with Kingston CCG (secure system that links GPs to hospital specialists for rapid expert advice	**MD**	**G**	**G**	**G**									**M1**
9 With partners develop vision for healthcare locally and across South West London - Chief Executive/Director of Strategic Development/Medical Director													
Milestone M1 - Vision to 2021 developed with partners and agreed with Board	**DSD**	**G**	**G**	**G**	**M1**								
Milestone M1 - Full engagement with SWL and Surrey Downs Healthcare Partnership programme	**CEO**	**G**	**G**	**G**									**M1**

Strategic Objective 4 - To deliver sustainable, well managed, value for money services	Detailed Progress of Strategic Objective 4													
		Reporting	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	10 Achieve top quartile performance within relevant peer group for a defined level of productivity and efficiency measures – Chief Operating Officer/Director of Strategic Development/Medical Director													
	Milestone M1 - Achievement of agreed CIPs to be completed when CIPS agreed	**COO**	**G**	**G**	**G**			**M1**						**M2**
	Milestone M1 - Undertake benchmarking with relevant peers for each specialty and identify organisations to engage with to understand drivers of high productivity as appropriate	**DSD**	**G**	**G**	**G M1**									
	Milestone M1 – Review and respond to the findings of the Carter Review Further milestones to be defined as appropriate	**DSD**	**G**	**G M1**	**G**									
	- Progression of technology solutions to improve productivity and safety e.g. device integration **Milestone M1** Integration of vital signs in ED **Milestone M2:** Roll out to further wards (dependent on funding)	**MD**	**G**	**G M1**	**G**				**M2**					
	11 **Further develop the leadership, management and governance structure of the Trust** – Chief Executive													
	Milestone M1 - Revised meetings structure and protocol (agreed in 2015/16) implemented	**CEO**	**G**	**G**	**G M1**									
	Milestone M1 - Stocktake of management arrangements and supporting infrastructure (both corporate and clinical administration services) undertaken following the implementation of the service line management structure to identify any areas of potential refinement / improvement	**CEO**	**G**	**G**	**G**									**M1**
	12 Develop a mid-term strategy for the Trust (following development of vision by July 2016 as outlined at strategic objective 9) - Director of Strategic Development/ Director of Finance/Medical Director/Director of Workforce													
	Milestone M1 - Programme of work to develop strategy agreed	**DSD**	**G**	**G**	**G**	**M1**								
	Milestone M1 -Clinical Strategy agreed by the Board	**DSD**	**G**	**G**	**G**									**M1**
	Workforce Strategy agreed by the Board	**DoW**	**G**	**G**	**G**			**M1**						
	IM&T Strategy agreed by the Board	**MD**	**G**	**G**	**G**			**M1**						
	Estates Strategy drafted **(M1)** agreed by the Board**(M2)**	**DoF**	**A**	**A**	**A**	**M1**				**M2**				
	Finance Strategy drafted **(M1)** agreed by the Board**(M2)**	**DoF**	**A**	**A**	**A**	**M1**				**M2**				
	13 Respond to actions arising from the CQC and Well Led reviews – Chief Executive													
	Milestone M1: Actions arising from the Well Led Review implemented	**CEO**	**G**	**G**	**G M1**									
	Action plan developed (**M1**) and implemented (**M2**) in response to CQC inspection	**CEO**	**G**	**G**	**G**	**M1**								