

CHIEF EXECUTIVE'S REPORT

Name of meeting: Trust Board	Item: 7
Date of meeting: 29th November 2017	Enclosure: C
Purpose of the Report / Paper: To provide the Board with information on strategic and operational issues not covered elsewhere in the agenda.	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	The issues outlined in this report touch on many of the Trusts objectives and risks
Link to Relevant Corporate Objective:	The issues outlined in this report touch on many of the Trusts objectives and risks
Document Previously Considered By:	N/A
Recommendations: The Trust Board is asked to note the content of this report.	

Chief Executive's Report

November 2017

1. Introduction

This paper provides the Board with an overview of matters to bring to the Board's attention which are not covered elsewhere on the agenda for this meeting. The Board is asked to note the content of this report.

2. Current progress on internal matters not elsewhere on the agenda

2.1 Fire Safety Programme

The fire safety programme is progressing at pace with the focus on Esher, Bernard Meade and DSU/Maternity. The practicalities of maintaining the work programme in very operational areas has been overcome by working closely with the clinical and operational teams to deliver a sustainable plan that includes a fourteen day closure of individual wards and access to theatres during December. Coupled with this, the fire alarm system renewal is on target for completion by March 2018 while Haematology has moved from Esher to Roehampton in support of the plan. While undertaking the work, both ceilings and walls are being impacted by the fire safety process and each ward is therefore receiving a makeover which includes painting, new ceilings and LED lighting. Additionally every effort is being made to return each ward in a dementia friendly format, and this has been achieved on Kennet, Blythe and Hardy.

2.2 The Urgent Treatment Centre

The Urgent Treatment Centre was fully commissioned and handed over to the clinical teams on Wednesday 22 November while the Majors and Resus project will follow in December 2017. The build has thrown up a range of challenges including major uncharted drainage works, water mains and fibre optic cables, all of which have impacted negatively on the handover date. However, the team are working hard to pull back this lost time to ensure the Trust has the maximum benefit from this A&E development.

2.3 Flu Vaccine

Our Flu campaign kicked off at the beginning of October – 1299 members of staff have now been vaccinated (57% of our workforce).

The main ways we are offering the flu vaccine are:

- Drop in sessions in Occupational Health & Wellbeing
- Vaccinators visiting wards and departments
- Regular clinics outside the staff restaurant and at the main entrances

For every flu vaccine administered the Trust will be supporting UNICEF Get a Jab. This will help to vaccinate children in danger throughout the world with a Tetanus vaccine.

The trust is seeking to achieve 70% of the workforce vaccinated by the middle of January.

2.3 Schwartz Rounds

Dates for 2018 Schwartz Rounds have been circulated to Board members and all are encouraged to attend these monthly events. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

A National Institute of Health Research funded evaluation of Schwartz Rounds, due for publication in 2018, has confirmed that:

- Staff who regularly attend Rounds suffer less stress than their colleagues who do not attend (there was a statistically significant change in psychological wellbeing scores for those who attended Rounds compared with non-attenders)
- Staff who attend Rounds report increased empathy and compassion for patients and families
- Staff who attend Rounds report better relationships with colleagues and report changes in hospital culture and practice.

2.4 Freedom to Speak Up – Raising Concerns

The Trust is committed to providing the highest level of quality of service to patients and experience for staff, and to achieving the highest standards of conduct, openness and accountability. Part of this commitment involves encouraging staff or others with serious concerns regarding any aspect of work, the conduct of others or the running of the Trust to report such concerns in confidence and with confidence.

The Board received the annual report on the implementation of the Freedom to Speak Up Guardian role at the last meeting which concluded that the FTSUG role has been implemented as planned and communication has taken place to introduce the role and clarify understanding of

it. There is further work to be done to embed the role fully and to ensure it adds value to the Trust's processes for raising concerns.

The National Guardian's Office published its Annual Report 2017 in October. Systematic reporting and publication of the number of issues raised through the FTSUG route started in 2017. Returns from 144 trusts until the end of Q1 2017/18 showed that nearly 4,000 issues had been raised, of which just over 1,000 included an element of patient safety or quality of care.

Giovanna Leeks has been covering maternity leave in the role since mid-October 2017 and attended the national FTSUG networking day on 19th October 2017, which provided useful insight into how other trusts have successfully developed the role and enabled Giovanna to adopt good practice from elsewhere. In addition to the FTSU Guardian and raising concerns telephone line and email address, staff also have access to confidential support through the Employee Assistance helpline (CIC) and through the Chaplaincy service with the appointment of a chaplain dedicated to staff.

2.5 Appointments

Chief Operating Officer Recruitment

I am delighted to confirm that Mairead McCormick has been appointed as the Trust's new Chief Operating Officer. Mairead is currently Deputy Chief Operating Officer at Barking, Havering & Redbridge University Hospitals NHS Trust and is known to some of the staff as she worked here some years ago before going to work nationally on emergency care.

Mairead will be with us from Monday 4th December 2017.

2.6 Reflection on walkabouts & 2018

We have reviewed the process for the Matron led Board walkabouts, which include Governor input. Dates have been circulated for 2018 and attendance will be confirmed shortly. All visitors on these events are reminded to follow the Trust's guidelines on infection control and be bare below the elbows.

The Chief Executive has completed a range of informal visits this year from joining team meetings; to meeting very small groups; to observing services. A programme of visits for 2018 for the Chief Executive to meet with staff and see services is currently being planned.

3. Matters external to the Trust

3.1 NHS Providers Conference

The Chairman and Chief Executive attended the conference on 7-8th November 2017. Advantage was also taken of two free places offered for the development of deputy directors and these were taken up by Amira Girgis, Assistant Medical Director, and Sarah Gigg, Deputy Director of Nursing.

Key messages from the conference included thanks to all working within the NHS, front line staff as well as leadership, in recognition of the fact that the NHS is facing particularly challenging times at present. The resilience of staff was praised and encouragement was given to focus on the need to care for all staff in order to maintain this resilience.

There was general overview that real productivity has been achieved against the odds and that the NHS is a highly efficient healthcare organisation when compared with others across the world. Key areas of focus for additional efficiency were re-emphasised which we will consider as we prepare our plans for 2018/19. These were: procurement, corporate services, pathology, medicines management, estates and facilities, e-rostering and job planning, and Getting It Right First Time (GIRFT)

The impact of Brexit on the workforce and the future of the NHS post-Brexit also featured strongly.

3.2 Brexit

The Trust continues to provide enhanced support to our 380 EU staff through the Brexit support group. As well as the existing “safe place” to meet and share concerns, and offers of legal advice and time off for immigration appointments, publicity of our work has continued-most recently a feature on BBC news focussing on workforce pressures and the challenge of Brexit for our staff. The Trust is considering the overall implications of Brexit across all operations and the Director of Workforce and Director of Nursing & Quality will do some work ready for early next year on how we might mitigate the risks around both retention and future supply.

3.3 London Health and Care Devolution

NHS Improvement & NHS England have announced that the London Health and Care Devolution Memorandum of Understanding (MoU) was signed on 16th November 2017 by London, national partners and central government. This confirms the commitment to accelerate health and care transformation for the benefit of all Londoners through the devolution or delegation of powers to within the London system.

Since the publication of *Better Health for London*, health and care partners have worked to develop and implement plans to support those who live and work in London to lead healthier independent lives, to prevent ill-health, and to make the best use of health and care assets. More recently, the London Health and Care Devolution Programme and five London devolution pilots have together explored how moving resources and decision-making more locally could accelerate the improvements that Londoners want to see. This work has highlighted the significant progress that we can make by working better together within London. Partnership working between health and care commissioners and providers has already enabled the London system to make progress in delivering the shared vision of making London the healthiest global city.

3.4 The Sustainability and Transformation Partnership

The Sustainability and Transformation Partnership for SW London is currently refreshing its strategy in two stages. Stage one will be the issuing of the refreshed plan at the end of November 2017 with new narrative strengthening the focus on keeping people healthy. To achieve this focus on keeping people well, the SW London STP recognises that a local approach works best. Care planning is to be based on people's health and care needs from local communities upwards, with key principles including best bed is own bed, care centred around the person, and focusing on prevention and keeping people well, which is likely to result in changes to services locally but not expected to mean the closure of any hospitals.

Stage 2 of the refresh will be from December 2017 to June 2018 where the Local Transformation Boards (LTB) will engage with partners and stakeholders to develop their locally focused Health and Care Plan. Where LTBs cover more than one borough, individual Place plans will be written so that borough level issues, priorities and plans are identified. Borough level Place plans will then be brought together to create the LTB's Health and Care plan. It is expected that these plans will outline the LTB's joint vision; their model for Health and Care; the local context and challenges faced including financial and clinical sustainability; and the priority areas of focus for the next 2 years to meet the health and care needs of the local populations. The Trust is represented on the Local Transformation Board and will actively participate in the development of plans.

3.5 Epsom & St Helier

Epsom and St Helier have completed their engagement process on their strategic future and published the results <https://www.epsom-sthelier.nhs.uk/epsom-and-st-helier-2020-2030>

The Trust will now discuss with the commissioners how to proceed.

4. Governance

4.1 BAF Month 7

The Board Assurance Framework (BAF) is the means by which the Board monitors progress towards achievement of the annual corporate objectives and identifies sources of assurance that the risks to achieving these objectives are being managed. The BAF for month 7 is attached at appendix 1. The narrative added since last month is in italics.

5. Things to celebrate

5.1 Olives to Outstanding

On Thursday 2nd November 2017 we held our first “From Olives to Outstanding” event, which was hugely energetic and a great success. Sally Brittain, Director of Nursing and Quality, shared some of the highlights from the improvement work that she was involved in at Frimley Park. We also heard two presentations from the Endoscopy and Cardiology teams showcasing the work they were doing to drive service improvements at the same time as minimising waste. Plus there were a range of market stalls giving further examples of initiatives that are being undertaking across the Trust.

For some time Clinical Director, Louise Hogh, has encouraged the Elderly Care Service Line to find their 'Olives', making small changes to improve the quality of services and reduce waste, in their service line. Louise also launched a competition to challenge everyone within the Trust to pledge what they are going to do to find their own Olives.

5.2 Kingston works well – Health & Well-being Conference 19th October 2017

The Trust's first ever Health & Well-being Board conference took place as above attended by over 150 staff and stakeholders and was an enormous success. Highlight of the day was an address by Alastair Campbell on mental health in the workplace after which we signed the “time to change” pledge which will underpin our commitment to support staff with mental health issues.

Other presentations included the Global Challenge Awards; a presentation on financial health by the Trust's staff financial advisors; a review of the extensive benefits available under the employee assistance programme; and some health at work exercises by our own Yoga practitioner. The conference sets the bar for what we want to achieve in this important area going forward and provides a springboard for the next stage of development.

5.3 HIMMS 6 Award

The Trust was awarded Stage 6 of the international HIMSS Analytics EMR Adoption Model (EMRAM) standards. The EMRAM provides an eight-stage framework to assess levels of digital

maturity in hospitals. Achieving Stage 6 (only 4 Trusts in the UK have achieved this level) reflects the degree to which clinicians use and obtain benefits from our Electronic Patient Record while working to improve the safety of medicines administration, supported altogether by a greater reliance on technology to assist with clinical decision-making. John Rayner, HIMSS Analytics Regional Director for Europe and Latin America, said: "Significant progress has been made here at the Kingston Hospital. I was particularly impressed with the way the nursing care planning process has assisted with a standardised approach, ensuring that patients receive care that is personalised to their individual needs. The system aligns low risk with low risk interventions and high risk with high risk interventions, ensuring that care is appropriate and consistent." This award is recognition of the hard work and effort by all our staff to improve quality and patient safety.

5.4 HSJ Award

The Trust has been shortlisted for the Staff Engagement category of the national HSJ Awards for the ASK HR App. The outcome is unknown at the time of writing but I will update the Board and whatever the result this is excellent national recognition for our work in this area.

5.5 Annual #teamKHFT Staff Awards

The Trust held its third successful #teamkhft awards ceremony on 9th November 2017 and for the first time the event was held offsite at All Saints Church in Kingston. 250 staff and supporters attended and celebrated the hard work and achievements of staff from across the hospital. Staff were nominated by colleagues, patients and carers across 17 categories and 45 awards were presented including: frontline and behind the scenes teams and staff members of the year; patient's choice and caring; positivity champion; unsung hero and safety project of the year. The awards were once again brilliantly hosted by TV Presenter and MasterChef Champion Angelica Bell.

5.6 Alzheimer's Society Dementia Friendly Award

The Trust has been nominated for an Alzheimer's Society Dementia Friendly award in the category 'Dementia Friendly Organisation of the Year', following our transformation of Derwent Ward. The results of judging will be announced on Wednesday 29th November 2017.

5.7 Ophthalmology

Our Royal Eye Unit Clinical Director Mr Hooman Sherafat, Consultant Ophthalmologist and Ophthalmologist Dr Ziaul Haque have just returned from Bangladesh, where they were performing life changing cataract operations – they have seen more than 2500 patients and performed 128 cataract operations.

Appendix 1

KINGSTON HOSPITAL NHS FOUNDATION TRUST

BOARD ASSURANCE FRAMEWORK

Date: Month 7 – October 2017

Overall progress key:						
Completed		Expected progress		Some slippage		At risk
Abbreviations:						
PIB = Productivity & Improvement Board		FIC = Finance & Investment Committee		CQCPB = CQC Programme Board		WC = Workforce Committee
EMC = Executive Management Committee						
Strategic Objective 1 - To ensure that all care is rated as outstanding as defined by the CQC across all core services by 2021/22						
Corporate Objective		Overall Progress		Exec Lead	Milestones	Target Date
CO1: Deliver improvement programme		Green Red		RB	Improvement programme agreed	31.05.17
				RB	Target savings of £1.5m achieved	31.03.18
Number of associated risks on the Corporate Risk Register		Red Rated (this period)		Red rated (last period)		Amber rated (this period)
		0		0		0
Controls		Assurance that controls are effective				
<ul style="list-style-type: none"> Improvement team recruited Quality Improvement Events Additional KPMG improvement support in place May- September 2017. Governance arrangements for overseeing delivery of workstreams identified. Scope of Improvement Team’s work and improvement programme for 2017/18 developed Process in place for development of improvement priorities for 2018/19 		<ul style="list-style-type: none"> Reports to Productivity & Improvement Board Finance/CIP reports to FIC Quality reports to QAC Intelligence on staff engagement with improvement from Deep Dives A report was presented to the Board for information in July. 				
Current gaps in controls/assurance		Commentary				
<ul style="list-style-type: none"> Review of workstreams initiated by KPMG has identified a significant shortfall in opportunity against the £1.5m plan. Partial mitigations are being worked up during Nov 17 in relation to outpatient and theatre utilisation. A review of the opportunities from the flow project will be undertaken in January 2018. 		<ul style="list-style-type: none"> Improvement programme agreed for 2017/18 and priorities identified for 2018/19 				

Strategic Objective 1 - To ensure that all care is rated as outstanding as defined by the CQC across all core services by 2021/22						
Corporate Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
CO2: Improve CQC rating from "Requires Improvement" to "Good"		Green	SB	Action Plans to support 'Good' rating embedded	31.3.2018	CQCPB
			SB	Trust prepared for inspection	31.3.2018	CQCPB
			SB	Acknowledgement of improvement in key areas enabling an overall rating of 'Good' by the CQC	31.3.2018	CQCPB
Number of associated risks on the Corporate Risk Register	Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)	
	2	2		24	24	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> Oversight of action plan delivery by CQC Programme Board CQC self-assessment at service level against new KLOE's Additional KPIs required on service line scorecards CQC T&F group 			<ul style="list-style-type: none"> Progress reports to QAC Deep Dives/Peer Review PALS/complaints Performance scorecards, dashboards and reports Data on incidents Internal audit and Clinical audit reports External accreditation visits 		<ul style="list-style-type: none"> FFT scores Inpatient survey results Staff survey results Good news stories - CEO weekly letter 	
Current gaps in controls/assurance			Commentary			
			<ul style="list-style-type: none"> Additional KPIs included on service line scorecards in June 2017 Self-Assessment discussed at Board development session in June 2017 Paper will be presented to EMC in October detailing initial observations and actions from new DoN. Work has commenced with senior nurses on plans to undertake peer review to provide assurance in advance of the next inspection. 			

Strategic Objective 1 - To ensure that all care is rated as outstanding as defined by the CQC across all core services by 2021/22						
Corporate Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
CO3: Further progress the dementia strategy		Green	SB	Develop the Trusts next 3 year Dementia Strategy (2017-2020)	31.5.2017	CQIC
			SB	Implement year 1 of the new strategy	31.3.2018	CQIC
Number of associated risks on the Corporate Risk Register	Red Rated (this period)		Red rated (last period)		Amber rated (this period)	
	0		0		0	
Controls				Assurance that controls are effective		
<ul style="list-style-type: none"> Dementia Strategy Steering Group Trust and Charitable Funds Committee Dementia Conference held in April 2017 to build strategy. 				<ul style="list-style-type: none"> Reports to CQIC/QAC Six-monthly report to the Board FFT scores CHKS Dementia Audit report – May 2017 PALS/complaints data Deep Dive/Peer Review Trust & Charitable Funds Committee reports to the Board 		
Current gaps in controls/assurance				Commentary		
				<ul style="list-style-type: none"> Dementia Strategy 2017 – 2020 approved at the Trust Board in July 2017, report on progress to be presented in January 2018. 		

Strategic Objective 1 - To ensure that all care is rated as outstanding as defined by the CQC across all core services by 2021/22						
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee	
CO4: Deliver the “must do” operational standards in line with agreed trajectories: <ul style="list-style-type: none"> • A&E • RTT • Cancer • 7 day services (4 priority standards) 	Green	Amber	TM	A&E – Identify “must do” standards and agree trajectories and plans to deliver	31.5.2017	EMC
			TM	A&E – Performance and delivery achieved in line with agreed trajectory	31.3.2018	EMC
			TM	RTT – Performance agreed trajectory achieved	31.3.2018	EMC
			TM	Cancer – performance against “must do” standards identified maintained	31.3.2018	EMC
			JW	7 – Day Services – Plans agreed	31.5.2017	EMC
			JW	7 – Day Services – 4 priority standards implemented	31.3.2018	EMC
Number of associated risks on the Corporate Risk Register	Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)		
	0	0	13	15		
Controls			Assurance that controls are effective			
<u>A&E</u> <ul style="list-style-type: none"> • Emergency Care Programme Board • A&E Delivery Board • Local health economy winter plan <u>Cancer</u> <ul style="list-style-type: none"> • Cancer Board • Trust PTL meetings 			<u>RTT</u> <ul style="list-style-type: none"> • Trust PTL meetings • Divisional and Service Line Performance Review meetings • Trust Access Board <u>7 day services</u>			<ul style="list-style-type: none"> • Performance scorecards, dashboards and reports to EMC and Board • Benchmarking against other Trusts • Audit of 7 day services undertaken and detailed plan for 7 day services and financial implications are in development. <i>National reaudit of standard 2 w/b 6 November.</i> • <i>The Chief Executive is chairing the A&E Delivery Board and the urgent and emergency care improvement plan for the system has been completed. Supporting programme management team is in place based at the Trust. The functioning of the Local Emergency Care Programme Board has been reviewed and changes made to ensure that delivery against each work stream is robustly monitored and achieved.</i> • <i>A&E trajectory of 90% was met across the A&E Delivery Board area for Q2 as a composite score. Increased consultant weekend working</i>
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> • Detailed plan for 7 day services and financial implications are in development. 			<ul style="list-style-type: none"> • <i>Performance against the agreed trajectory of 90% in quarter 3 is on track, although variability of performance remains a risk.</i> • <i>Working up business case for increased cardiac echo provision</i> 			

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 Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee	
5. Develop the Trust as an Employer of Choice in the local health economy		Green	Amber	KC	Harmonisation of rates achieved and outsourced bank embedded	09.10.2017	WC
				KC	20% reduction in temporary staff achieved	31.03.2018	WC
				KC	Strategic recruitment, new pay and rewards implemented	31.12.2017	WC
				KC	Implementation of integrated learning and development structure and programme	31.01.2018	WC
				KC	Less than 15% turnover achieved	31.3.2018	WC
Number of associated risks on the Corporate Risk Register		Red Rated (this period)		Red rated (last period)	Amber rated (this period)	Amber rated (last period)	
		0		0	2	1	
Controls				Assurance that controls are effective			
<ul style="list-style-type: none"> Workforce strategy Health and Wellbeing strategy Implementation of pan-London rates AskHR app and centralised contact arrangements Contract with Bank Partners KPIs Targets for 2017/18 Revised Data Set for A&E 				<ul style="list-style-type: none"> Reports to WC Retention and recruitment data Staff survey results KPIs to EMC including all categories <i>Safe staffing report</i> <i>EU staff data</i> <i>Deep dive on turnover</i> 			
Current gaps in controls/assurance				Commentary			
<ul style="list-style-type: none"> Concerns about NHS pay 				<ul style="list-style-type: none"> KPI Targets set at Workforce Committee in May 2017. Turnover impacted by Brexit and delays in overseas migration. <i>Milestone for turnover is amber as current rate is 17.5%. A deep dive has been conducted by the WC.</i> 			

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 Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
6: Improve performance in response to staff survey around engagement, wellbeing and diversity		Green	KC	Survey return confirms 50%+ uptake	29.2.2018	WC
			KC	Directorates confirm appraisal target 90% reached	29.2.2018	WC
			KC	Trust/staff partnership agreement embedded in Trust values	31.01.2018	WC
			KC	WRES implemented Trust-wide	31.10.2017	WC
Number of associated risks on the Corporate Risk Register		Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)
		0	0		0	0
Controls				Assurance that controls are effective		
<ul style="list-style-type: none"> Health and Wellbeing Strategy Equality & Diversity Policy MEGA group Freedom to Speak Up Guardian Surveys for Manager appraisals 				<ul style="list-style-type: none"> Reports to WC Survey return data WRES data Coffee and Conversations output HR data - sickness absence; appraisals; mandatory training; reporting by equality groupings 		
Current gaps in controls/assurance				Commentary		
				<ul style="list-style-type: none"> Staff Survey despatched 1st October 2017 		

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 Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
7: Deliver Year 1 of the Kingston and Richmond Sub-Regional South West London Five Year Forward Plan to shift care out of hospital where appropriate	Red	RB/TM	Programme of work agreed	30.9.17	EMC
		RB/TM	Programme of work completed	31.3.18	EMC
Number of associated risks on the Corporate Risk Register	Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)
	0	0		0	0
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Governance arrangements agreed through Local Transformation Board 			<ul style="list-style-type: none"> Trust CEO and Medical Director are members of the Local Transformation Board. The Director of Strategy chaired a task and finish group which presented to the LTB in August 2017 on the progress against the 5 key priorities, identifying gaps and next steps required. <i>The plan was for this to be taken into the LTB work plan with executive leads identified across the sub-region.</i> 		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> Work programme for LTB not yet in place Resources to be confirmed. 			<ul style="list-style-type: none"> <i>Consideration is being given to what further support can be provided to the LTB.</i> 		

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 Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
8: Strengthen management of key contractual partnerships		Green	RB	Private Patient procurement completed	31.3.2018	FIC
			TM	Trust's expectations for substantial contractual partnerships agreed	31.5.2017	FIC
			TM	Standard approach to management of substantial partnerships implemented	31.3.2018	FIC
Number of associated risks on the Corporate Risk Register	Red Rated (this period)		Red rated (last period)		Amber rated (this period)	
	0		2		2	
Controls				Assurance that controls are effective		
<ul style="list-style-type: none"> Tender process for Private Patient procurement commenced May 2017 Private Patient Tender Programme Board established SWLEOC Programme Board SWLP Programme Board 				<ul style="list-style-type: none"> Reports to EMC/FIC/Board 		
Current gaps in controls/assurance				Commentary		
				<ul style="list-style-type: none"> Close links developed between COO and SWLEOC <i>Private patients tender is on track</i> 		

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 Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
9: Further develop KHFT clinical strategy		Green	RB/JW	Strategy implemented	31.3.2018	EMC
			RB/JW	Maternity and A&E business cases implemented	31.3.2018	EMC
Number of associated risks on the Corporate Risk Register	Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)	
	1	0		0	0	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> Governance arrangements in place to oversee A&E expansion business case and plan agreed. 			<ul style="list-style-type: none"> Successful A&E bid Clinical viability assessment indicates 6 core services are clinically sustainable. 			
Current gaps in controls/assurance			Commentary			
			<ul style="list-style-type: none"> Still working with STP and local delivery boards. Work progressed with NHS Improvement on 5 year clinical and financial viability in line with original timetable. Clinical viability assessment completed. However, SW London financial viability outputs have been pushed back to June 2018. The STP Plan included review of medical staffing. Refreshed clinical strategy due to Trust Board January 2018 A&E business case implementation underway. Proposals under development for maternity services. 			

Strategic Objective 4 – To deliver sustainable, well managed, value for money services					
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
10: Produce a plan for the future development of the estate	Amber	JF	Work-plan produced for refreshed Estates master plan	30.5.2017	FIC/Board
		JF	Key space requirements review completed and recommendation made	30.9.2017	EMC
		JF	Opportunity for inward investment and commercialisation of Trust’s real estate identified	31.1.2018	FIC
		JF	Master plan discussed with local partners and modified in context of planning environment/priorities	30.9.2017 (First stage) 28.3.2018	FIC/Board
Number of associated risks on the Corporate Risk Register	Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)
	11	10		5	6
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Engagement of specialists to support development of the master plan. Engagement with relevant part of Department of Health to ensure our thinking is consistent with national direction of travel. 			<ul style="list-style-type: none"> Regular reports to the Trust Board on progress Discussion at Joint Board/CoG Development Forums Presentation at Board Development sessions Progress reports shared with EMC on a regular basis 		
Current gaps in controls/assurance			Commentary		
<p><i>While we are progressing the development of the options in relation to the future development of the Trust’s estate in line with the agreed timetable there will continue to be a degree of uncertainty in relation to the feasibility of the final solutions until such time appropriate business cases have been reviewed and signed off, sources of funding, to the extent that they are required, have been identified and secured and until the appropriate planning consent are in place.</i></p>			<ul style="list-style-type: none"> EMC, Board and Council of Governors received progress updates in September and October and further progress updates will be provided as required. 		

Strategic Objective 4 – To deliver sustainable, well managed, value for money services						
Corporate Objective		Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
11: Develop plans for short term financial planning and longer term financial sustainability		Amber	JF	Appropriate plans and budgets set to support the achievement of reasonable financial targets and efficiency measures	30.4.2017	FIC
			RB	Full participation in relevant benchmarking groups and collaborative arrangements to ensure that services are well managed, represent value for money and reduce clinical variation.	30.4.2017	PIB
			JF	Draft financial strategy developed for sustainability of capital and revenue during 2017 - 2022	30.9.2017	FIC
Number of associated risks on the Corporate Risk Register		Red Rated (this period)	Red rated (last period)		Amber rated (this period)	Amber rated (last period)
		2	1		7	7
Controls				Assurance that controls are effective		
<ul style="list-style-type: none"> Annual budget 2017/18 approved by Trust Board, March 2017 				<ul style="list-style-type: none"> Monthly report to FIC/Trust Board Benchmarking data Single Oversight Framework KPIs and segmentation Productivity and Improvement Board Improvement Team’s focus on productivity and efficiency markers. 		
Current gaps in controls/assurance				Commentary		
<p><i>While we are progressing the development of the options in relation to the future clinical and financial sustainability of the Trust in line with an agreed timetable there will continue to be a significant degree of uncertainty in relation to the feasibility of the final solutions as they are likely to be dependent, in part, on actions that are outside of the Trust’s control. In addition, the 2017/18 financial position also remains challenging and will need to be factored into the start point of our modelling.</i></p>				<p><i>The emerging picture in terms of both clinical and financial sustainability will be shared with and discussed by the Board as appropriate.</i></p>		