

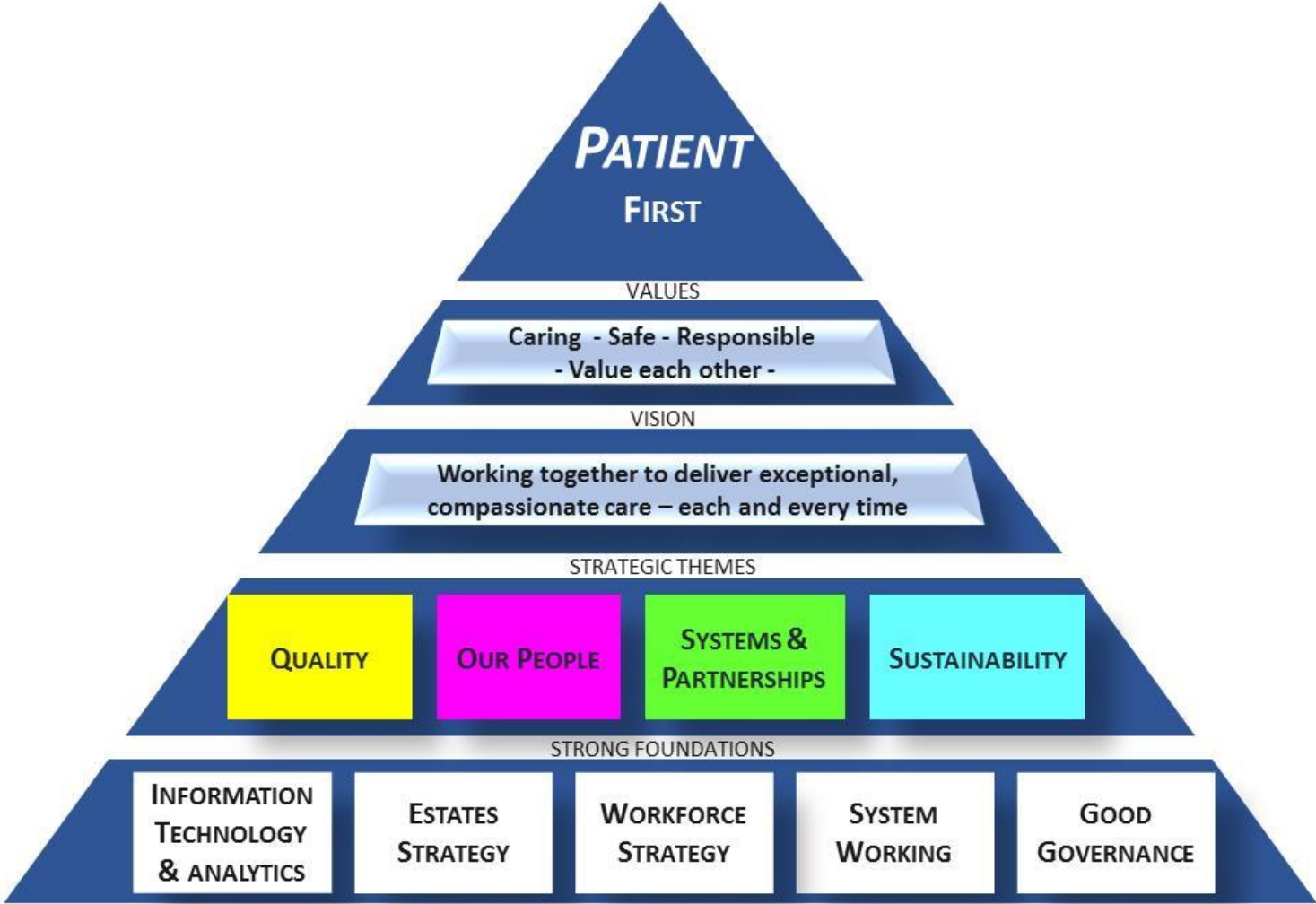
### Board Assurance Framework

<b>Trust Board</b>	<b>Item: 23</b>
<b>Date:</b> 25 <sup>th</sup> September 2019	<b>Enclosure:</b> S
<b>Purpose of the Report:</b> <p>To enable the Board to review its principal objectives to ensure there are sufficient controls in place to manage the risks to their delivery and to understand the assurance there is on the effectiveness of those controls.</p> <p>The Board Assurance Framework is closely linked with the Trust Risk Register which reflects significant risks identified at both a corporate department and divisional level.</p>	
<b>For: Information</b> <input type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Susan Simpson Director of Corporate Governance
<b>Author:</b>	<i>Susan Simpson</i> <i>Director of Corporate Governance</i>
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	None
<b>Link to Relevant CQC Domain:</b>	<b>Safe</b> <input type="checkbox"/> <b>Effective</b> <input type="checkbox"/> <b>Caring</b> <input type="checkbox"/> <b>Responsive</b> <input type="checkbox"/> <b>Well Led</b> <input checked="" type="checkbox"/>
<b>Link to Relevant Corporate Objective:</b>	All
<b>Document Previously Considered By:</b>	Patient Safety & Risk Management Committee Audit Committee
<b>Recommendations:</b> <p>The Board is asked to review the content of this report and to comment on the level of assurance provided with regard to achievement of the Trust's principal objectives.</p>	

KINGSTON HOSPITAL NHS FOUNDATION TRUST  
BOARD ASSURANCE FRAMEWORK

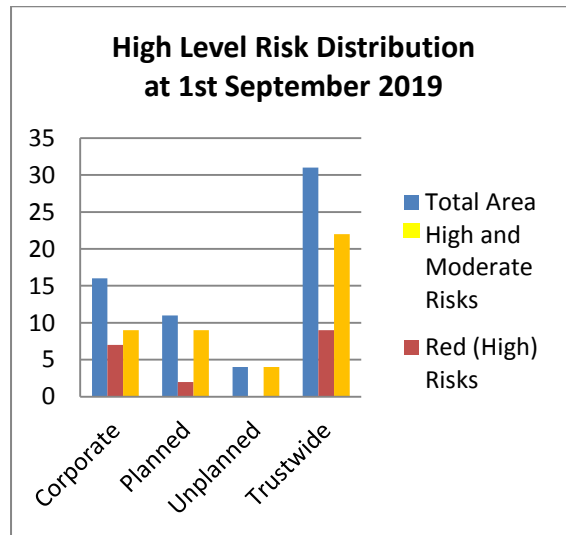
Month: August 2019 (M5)

Our True North



## Trust Risk Register Overview

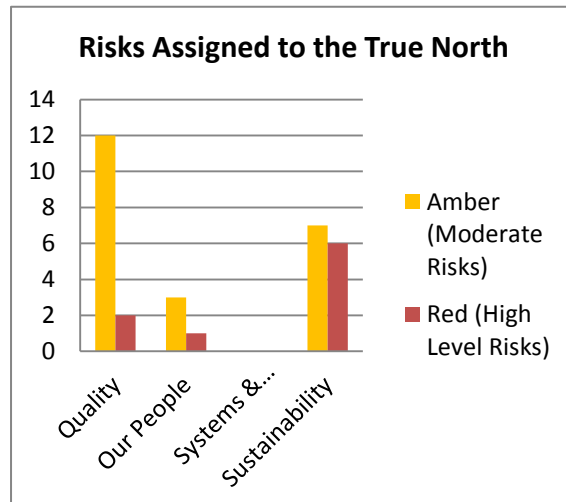
At the beginning of September 2019 KHFT had 381 risks on the risk register. 31 were rated 12 or above, including 9 rated above 15. These risks are mapped against the Trust True North Objectives of Quality, Our People, Systems and Partnerships and Sustainability. Management of these risks is overseen by the Patient Safety & Risk Management Committee.



The top risks (red) relate to:

- risks of failing to maintain financial sustainability
- risk of not sustaining the current trend of achieving 62 day cancer performance
- risk to patient safety resulting from a potential increased vacancy level as a result of the possible departure of EU staff related to EU Exit
- fire safety programme

Risks rated 12+ have been categorised against each of the four strategic themes in our True North triangle in order to identify the leading priority areas for Board agendas.



The top priority areas for discussion are:

- Sustainability (includes Finance, Estates and Facilities)
- Quality

QUALITY - No avoidable delays in patient care															
Breakthrough objective 1:				Progress				Success measures				Target Date		Information source	
Making every hospital bed day count.								10% reduction in stranded patients				March 2020		IQOCR	
								25% reduction in super stranded patients				March 2020		IQOCR	
What's going well?							What are the current challenges?								
<ul style="list-style-type: none"> <li>• FFT 'recommend' rating</li> <li>• Ambulance breaches low</li> <li>• DTOC metric</li> <li>• Improvements in ED workforce stability</li> <li>• Stranded and super-stranded metrics 1<sup>st</sup> in London</li> </ul>							<ul style="list-style-type: none"> <li>• Growth in non-elective attendance is twice the national average, creating capacity issues on a daily basis.</li> </ul>								
Trust Risk Register - Quality Risks							How are we managing the challenges?								
Amber rated risks 12+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	<ul style="list-style-type: none"> <li>• Internal Emergency Care Programme Board oversees work on A&amp;E and patient flow internally.</li> <li>• A&amp;E Delivery Board (AEDB) for Kingston Richmond &amp; Surrey Downs oversees system wide working.</li> <li>• AEDB has led an impact assessment with a view to prioritising some of the transformation schemes to run at a faster pace to deliver capacity required.</li> <li>• Joint Assessment and Discharge (JAD) team in place and covers all boroughs. We are scoping a 7-day JAD service and reviewing system opportunities to reduce Category 4 Ambulance conveyances.</li> <li>• Working with partner organisations to understand the reasons for increased attendances and put in place actions to reverse the trend.</li> <li>• Building relationships and governance around whole system approach to avoiding delays in patient care.</li> </ul>		
	Ref: 26, 1070, 1073, 1233, 1214, 1145/6, 1257, 240, 1320, 929, 1071, 1328, 1334														
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
	Ref: 66, 1256														

IQOCR = Integrated Quality and Operational Compliance Report

QUALITY - No avoidable delays in patient care				
Breakthrough objective 2:	Progress	Success measures	Target Date	Information source
90% of patients on a cancer pathway given a cancer diagnosis within 28 days		90% of patients on a cancer pathway given a cancer diagnosis within 28 days	March 2020	IQOCR
What's going well?		What are the current challenges?		
<ul style="list-style-type: none"> <li>Consistent top performer in national benchmarks.</li> </ul>		<ul style="list-style-type: none"> <li>Significant increase in demand and competing increased demand on diagnostics capacity from emergency inpatients.</li> <li>New standards create co-dependency on other centres.</li> </ul>		
Trust Risk Register - Quality Risks		How are we managing the risks?		
See previous page		<ul style="list-style-type: none"> <li>Cancer Board</li> <li>Weekly 1:1 for Cancer team and COO, also with CEO</li> <li>RM Partners Delivery Group</li> <li>Strategic CEO Group</li> <li>Performance framework</li> <li>Selected as a site to work with NHSE on new cancer standards for 28 days.</li> </ul>		

**OUR PEOPLE - To employ a substantive and committed workforce**

OUR PEOPLE - To employ a substantive and committed workforce													
Breakthrough objective 3:		Progress			Success measures					Target Date	Information source		
Workforce stability					Workforce stability metric = 90%					March 2020	IQOCR		
					Temporary workforce is less than 5% of total WTE headcount					March 2020	IQOCR		
What's going well?						What are the current challenges?							
<ul style="list-style-type: none"> <li>Trust is well below benchmark comparators on vacancy rate</li> <li>Improved staff engagement and overall scores in Staff Survey 2018</li> <li>Agency spend well below cap.</li> <li>Stability metric</li> <li>Turnover has reduced (14.01%) which will support the stability metric.</li> </ul>						<ul style="list-style-type: none"> <li>Turnover is slightly above comparators</li> </ul>							
Trust Risk Register - Our People Risks						How are we managing the challenges?							
Amber rated risks 12+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	<ul style="list-style-type: none"> <li>Overseas programme for qualified nurse recruitment</li> <li>Talent pool introduced to boost retention and progression in Admin &amp; Estates</li> <li>Introducing a cohort programme to target filling gaps in high turnover areas</li> <li>Support for health and wellbeing of staff</li> <li>Developing plans for agile working</li> <li>NHS pension seminar offered internally and access to financial advice</li> <li>Support for EU staff</li> <li>Workforce Committee Deep Dive into Admin &amp; Clerical turnover - action plan now developed</li> <li>Relaunching staff benefits, including salary sacrifice</li> <li>Exploring recruitment hub for recruitment and retention in SW London.</li> </ul>
	Ref: 51, 1217, 59												
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
	Ref: 1215												

**SYSTEMS & PARTNERSHIPS - Care that connects**

SYSTEMS & PARTNERSHIPS - Care that connects													
Breakthrough objective 4:				Progress				Success measures				Target Date	Information source
Ensure all outpatient contacts progress care								Reduction in face to face outpatient visits: - new - follow up				March 2020	
What's going well?							What are the current challenges?						
<ul style="list-style-type: none"> <li>.Two workshops held</li> </ul>							<ul style="list-style-type: none"> <li>Size and scope of total programme</li> <li>Culture shift</li> <li>Appropriate metrics</li> <li>Technological support</li> <li>Effective administration process/system</li> </ul>						
Trust Risk Register - Systems & Partnerships Risks							How are we managing the risks?						
Amber rated risks 12+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	<ul style="list-style-type: none"> <li>Transformation Board</li> <li>Delivery Board</li> <li>Operational workstreams led by Associate Directors</li> <li>Patient Administration workstream steering group meeting fortnightly and includes GP and governor input. Four specialities proposed for focus: Gynae, Dermatology, Diabetes and Cardiology.</li> <li>Working on developing new relationships with emerging PCNs.</li> </ul>
	0	0	0	0	0								
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
	0	0	0	0									

SUSTAINABILITY - Achieve local system financial balance															
Breakthrough objective 5:				Progress				Success measures				Target Date		Information source	
Deliver the Trust control total								Trust control total for 2019/20 delivered.				March 2020		FIC report	
What's going well?							What are the current challenges?								
<ul style="list-style-type: none"> <li>At M4 on plan against year to date position and forecast is still on plan.</li> <li>Cash balances are strong to support current planned deficit.</li> <li>Working proactively as a system to understand demand drivers and variances so as to facilitate mitigation.</li> <li>Cost Improvement Plans year to date delivered on plan.</li> </ul>							<ul style="list-style-type: none"> <li>Block - performance above plan, not evenly spread across the services - creates operational pressure</li> <li>Cost Improvement Plans £3m unidentified at M4</li> <li>Whilst delivery of the control total is binary, it is important to work across the system and support all our partners in achieving their control totals</li> <li>Busy Hospital creating cost pressures for e.g. diagnostics, consumables, as well as staff resources</li> <li>Increased activity is impacting on Exec capacity to focus on the bigger transformation for efficiency.</li> <li>Impact of capital programme on facilities causing some cost pressures</li> </ul>								
Trust Risk Register - Sustainability Risks (Finance & Estates)							How are we managing the risks?								
Amber rated risks 12+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	<ul style="list-style-type: none"> <li>Risks and opportunities schedule at departmental level gives real visibility of the risks and opportunities to mitigate.</li> <li>Some reserves and contingencies still uncommitted but held against unidentified CIP.</li> <li>Transformation &amp; Delivery Board meeting monthly and looking to accelerate transformation programmes as well as considering some non-recurrent schemes to mitigate in-year position.</li> <li>Undertaking a critical review of programmes that may be under-delivering to reprioritise and focus on those most likely to deliver.</li> <li>Capital programme being closely monitored to minimise operational impact.</li> </ul>		
	Ref: 1177, 926, 1144, 1234, 210, 1319, 1329, 1385														
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
	Ref: 953, 1147, 1312, 1313, 1323, 1311														