

Board Assurance Framework

Trust Board	Item: 22
Date: 27th March 2019	Enclosure: R
Purpose of the Report: To present the latest Board Assurance Framework (BAF) aligned to the Trust Risk Register as at 4 th March 2019.	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Susan Simpson, Director of Corporate Governance
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Links to the Corporate Risk Register are listed under each strategic objective.
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	Executive Management Committee Audit Committee
Recommendations: The Board is asked to review the content of the BAF, noting the risk summary overleaf, and identify any further controls or assurances necessary to ensure progress with achievement of corporate objectives for 2018/19.	

Risk Summary

The Trust Board is responsible for establishing the principal strategic and corporate objectives, and for driving the organisation forward to achieve these. It is also responsible for ensuring that effective systems are in place to identify and manage the risks associated with the achievement of these objectives through the Board Assurance Framework (BAF) and the Trust's Risk Register, which is comprised of all risks on the risk registers with a post-mitigation value of 12 or above.

The BAF tracks progress with achievement of the strategic and corporate objectives by measuring progress against annual milestones, identifying controls, sources of assurance and gaps. There is a single page report for each of the corporate objectives, which includes reference to the numbers of amber (12+) and red (15+) risks relating to each one.

Following feedback at the Trust Board meeting in January 2019, the information on risk has been expanded to show the brief risk description and risk score trend over the year. This information is shown for each corporate objective immediately after the corporate objective to which the risks relate. The information is provided for the assurance of the Audit Committee but will not feature in the BAF when published in the Board papers.

The Risk Management Committee tracks trend movement of the risks rated 12 or above on a rolling monthly basis, and reviews all of these risks at each monthly meeting. The Risk Management Committee either endorses the risk rating based on this discussion or refers the risk back for further assessment.

Risks rated 12+ listed by Corporate Objective (at 4th March 2019)

No risks rated 12+:

- CO1 - Improvement programmes on patient admin
- CO8 – Strategy to strengthen elective services across SW London
- CO9 - APC programme

Risks 12+ are static in the month:

- CO7 – transforming care in the sub-region
- CO11 – financial sustainability

Risks 12+ have reduced since last month:

- CO2 - Deliver the improvement programme to support patient flow
- CO3 - CQC outstanding
- CO4 – Operational standards
- CO5 – response to staff survey
- CO6 – Trust as employer of choice
- CO10 – Estates plan and fire safety

Risks 12+ have increased since last month:

Nil

**KINGSTON HOSPITAL NHS FOUNDATION TRUST
BOARD ASSURANCE FRAMEWORK**

Date: Month 10 (January) 2018-19 (text added since Month 8 is in italics).

Overall progress key:			
Completed	Expected progress	Some slippage	At risk

Strategic Objective 1 - To ensure that care is rated as outstanding, as defined by the CQC across all core services by 2021/22					
	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
CO1: Deliver the Improvement Programme to support the transformation of patient admin	Amber	COO	Milestones delivered in line with agreed plan	March 2019	FIC
	Amber	COO	Improvements delivered against KPIs in line with agreed trajectory	March 2019	FIC
Associated risks on the Corporate Risk Register (CRR)	Red Rated (this period)		Red rated (last period)	Amber rated (this period)	Amber rated (last period)
	0		0	0	0
CRR (red) ref:			CRR (amber) ref:		
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Lean development programme and 'Improvement Faculty' Outpatient Transformation Board (joint with CCG primary care) in place Programme manager in place. 			<ul style="list-style-type: none"> Reports to Productivity & Improvement Board and Executive Management Committee Finance/FIP reports to FIC Quality reports to QAC Delivery Oversight Group will report to OTB every two months. 		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> Developing report for CQRG 			<ul style="list-style-type: none"> <i>Finalising revised pathways for chosen specialties. Scoped 5 pathways for outpatient transformation. GP and Hospital clinicians working together on further pathway redesign.</i> <i>Progress made with Electronic Document Management project.</i> 		

Strategic Objective 1 - To ensure that 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: Deliver the Improvement Programme to support patient flow	Green	COO	Emergency care			March 2019	QAC/FIC
	Green		<ul style="list-style-type: none"> Milestones delivered in line with agreed plan to improve flow on acute medical and care of the elderly wards. Improvements delivered against KPI's on all wards in line with agreed trajectory. <ul style="list-style-type: none"> - Increased in the number of morning discharges - Increase in the number of weekend discharges - Reduced Lengths of Stay - Reduction in the number of Red days. 			March 2019	
	Green	DSD/COO	Planned Care			March 2019	QAC/FIC
	Green		<ul style="list-style-type: none"> Milestones delivered in line with agreed plan to improve theatre utilisation Improvements delivered in line with agreed trajectory. 			March 2019	
Associated risks on the Corporate Risk Register (CRR) <i>Detail and trends shown overleaf</i>			Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)	
			0	0	0	1	
CRR (red) ref:				CRR (amber) ref:			
Controls			Assurance that controls are effective				
<ul style="list-style-type: none"> Emergency Care Programme Board monitors inpatient flow and bed closures Workstreams, leads and projects plans in place, reporting to ECPB Theatre User Group and Theatre Productivity Programme Board monitor actions on Theatre productivity A&E Delivery Board (chaired by Chief Executive) Transformation leads in post 			<ul style="list-style-type: none"> KPIs on performance Reports to Productivity & Improvement Board and EMC Finance/FIP reports to FIC Quality reports to QAC 		<ul style="list-style-type: none"> ECPB dashboard Substantial shift in stranded patients metrics - recognised as best practice and presented at NHSI events. 		
Current gaps in controls/assurance		Commentary					
<ul style="list-style-type: none"> Capital solution required for relocation of some procedures from DSU to Outpatients - progress made in developing mitigation 		Emergency care: <ul style="list-style-type: none"> <i>Established Winter plan is having the desired effect.</i> <i>Escalation beds used now reducing.</i> Improvement projects commenced - Red2Green Days and Safer, Faster, Better Development of the PTL taking place - <i>Trust to be the host site.</i> 			Planned care/theatres utilisation: <ul style="list-style-type: none"> Over-performance against FIP target Improved utilisation in Main Theatres and Day Surgery Unit across 2018/19 although further work required to increase cases per list in some specialities. 		

Enclosure R

	<ul style="list-style-type: none">• MADE events have enabled detailed information on capacity gaps across the system to support a system wide response to flow.• Dedicated resource assigned to support delivery of information requirements in Q1• Meetings held with key service lines to agree opportunity and plans for delivery.• Commenced pilot of integrated therapies• Extended Joint Assessment and Discharge (JAD) team to all boroughs	
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Enclosure R

Strategic Objective 1 - To ensure that 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: Make progress towards CQC rating of 'Outstanding'.	Blue	DoNQ	<ul style="list-style-type: none"> Action Plans following 2017/18 inspection developed and embedded 	September 2018	QAC
	Blue		<ul style="list-style-type: none"> Key areas of improvement identified to enable an overall rating of Outstanding and action plan developed. 	October 2018	
	Green		<ul style="list-style-type: none"> Actions to support moving beyond Outstanding delivered in line with plan. 	March 2019	
	Green		<ul style="list-style-type: none"> Trust prepared for Annual Inspection and approach incorporated into BAU. 	March 2019	
Associated risks on the Corporate Risk Register (CRR)	Red Rated (this period)		Red rated (last period)	Amber rated (this period)	Amber rated (last period)
	1		1	4	5
CRR (red) ref: P1233			CRR (amber) ref: P26, P1070, P1073, P1231		
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Quality Improvement Committee Nursing & Midwifery Board Regular peer reviews with senior nurses Performance management meetings Actions plans signed off and being monitored through Divisions and QIC <i>Regular meetings with CQC.</i> 			<ul style="list-style-type: none"> Progress reports to QAC Deep Dives/Peer Reviews/Walkabouts PALS/complaints data Performance scorecards, dashboards and reports Data on incidents Shared learning 	<ul style="list-style-type: none"> FFT scores Inpatient survey results Staff survey results Good news stories - CEO weekly letter Internal and Clinical audit reports External accreditation visits 	
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> 			<ul style="list-style-type: none"> CQC outcome - Outstanding for Quality, Caring, Well Led. Outstanding overall. Now working on 'should do' action plan. Developing plans for aspiring to excellence - amended wording milestone 3. <i>Corporate Objectives and Quality Priorities for 2019/20 are aligned, to be achieved using Quality Improvement methodology. Planning for oversight in 2019/20.....</i> 		

Enclosure R

Strategic Objective 1 - To ensure that 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: <ul style="list-style-type: none"> A&E RTT Cancer 7 day services 	Amber	COO	<ul style="list-style-type: none"> Emergency standard achieved: 95% of patients who attend ED admitted/discharged within 4 hours. 	March 2019	QAC
	Green		<ul style="list-style-type: none"> RTT standard achieved: incomplete performance of 92% 	March 2019	
	Green		<ul style="list-style-type: none"> Cancer standard achieved: 85% of patients referred on a two week wait pathway receives treatment within 62 days. 	March 2019	
	Green		<ul style="list-style-type: none"> Length of stay reduced on inpatient adult medical wards in line with agreed trajectory. 	March 2019	
Associated risks on the Corporate Risk Register (CRR)		Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
		1	1	3	4
CRR (red) ref: T 1214			CRR (amber) ref: UNP348, T1145/1146, 1251		
Controls			Assurance that controls are effective		
<u>A&E</u> <ul style="list-style-type: none"> Emergency Care Programme Board A&E Delivery Board (Chief Exec chairs) Local health economy winter plan <u>RTT</u> <ul style="list-style-type: none"> Trust PTL meetings Performance Review meetings 	<u>Cancer</u> <ul style="list-style-type: none"> Cancer Board Trust PTL meetings <u>7 day services</u> <ul style="list-style-type: none"> Audit of 7 day services Business planning processes Electronic job planning 	<ul style="list-style-type: none"> A&E, Cancer & RTT performance Cancer 38 day reporting from July Benchmarking against HES data Stranded and super stranded patient metrics <i>Board Assurance Framework for 7 Day Services</i> 	<ul style="list-style-type: none"> 		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> A significant gap in bedded neuro and specialist neuro rehabilitation. 			<ul style="list-style-type: none"> Strategic work via STP and KCC to address rehabilitation shortfall. Work has commenced with NHSE re specialist neuro rehabilitation shortfall. <i>Measuring capacity gap in neuro through Badgernet. Working through system solutions.</i> <i>Urgent Treatment Centre performance consistent at 99.5%.</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
CO5: Improve performance in response to staff survey	Green	DoW	Improvement delivered against KPIs: <ul style="list-style-type: none"> Reducing Turnover in key service areas where it is detrimental, through innovative pay and conditions (Reduce turnover 16.5% to 15.75%) 	March 2019	Workforce Committee
	Green		<ul style="list-style-type: none"> Creating an integrated Faculty of Education to maximise the limited training resource to ensure all staff groups have their training needs met (increase compliance with appraisals from 88% to 90% & mandatory training from 74.2% to 85%) 	March 2019	
	Blue		<ul style="list-style-type: none"> Health and Wellbeing measures embedded to improve the mental, Physical, financial and family health of all staff (Reduce sickness from 3.27% to 2.7% and achieve 75% of flu CQUIN) 	March 2019	
	Green		<ul style="list-style-type: none"> Improved levels of staff engagement to enhance staff satisfaction (staff engagement score > 3.92) 	March 2019	
	Green		<ul style="list-style-type: none"> Best practice recruitment practice supported by enhanced solutions for staff accommodation – locally and pan London (reduce vacancy rate from 8.8% to 6%) 	March 2019	
	Green		<ul style="list-style-type: none"> Support for EU staff to mitigate any harmful effects of Brexit 	March 2019	
	Green		<ul style="list-style-type: none"> Continued support for black, Asian and minority ethnic (BAME) staff around discrimination and bullying (improved workforce race equality standard score) 	March 2019	
Associated risks on the Corporate Risk Register (CRR)		Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
		1	1	1	2
CRR (red) ref: T1215			CRR (amber) ref: 1252		
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Launch of new benefits package/talent pool New approval system launched & MDT system Health & Wellbeing initiatives Health and Wellbeing Strategy Equality & Diversity Policy 		<ul style="list-style-type: none"> Access to staff accommodation/link to Kingston University Brexit Group Freedom to Speak Up Guardian Time to change pledge and work with Champions Equality Impact Assessment Process Launch of Staff Survey 2018 	<ul style="list-style-type: none"> Data on turnover, appraisals, mandatory training, sickness WRES score Staff engagement score 		<ul style="list-style-type: none"> FTSUG reports OH statistics Flu vaccine take up Coffee & Conversations Walkabout and Governor feedback
Current gaps in controls/assurance		Commentary			
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> Lobbying for change in application of HCAS. Task and finish group on Bullying & Harassment created to take forward proposals for improving responses to staff who feel bullied by both patients/staff. Online learning for induction and statutory training launched to improve access. Turnover 14.3% in January, Sickness 2.03% and Vacancy rate 7.3%. 			

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| | <ul style="list-style-type: none">• Flu CQUIN achieved. |
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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	
CO6: Develop the Trust as an Employer of Choice in the local health economy.	Green	DoW	Milestones delivered in line with agreed plan. <ul style="list-style-type: none"> Designing new job roles to meet Health and Care Plan requirements and maintain safe staffing in scarce skill areas (reduce vacancy rate from 8.8% to 6%) 	March 2019	Workforce Committee	
	Green		<ul style="list-style-type: none"> Innovative approaches to Flexible Working to maximise staff attraction and deployment/site utilisation (reduce turnover 16.5% to 15.75%) 	March 2019		
	Green		<ul style="list-style-type: none"> Redesigned pay and conditions to support recruitment and retention (staff survey response score 58.2%) 	March 2019		
	Blue		<ul style="list-style-type: none"> Best practice employee support, focusing on mental health to build resilience (reduce sickness from 3.27% to 2.7% and achieve 75% of flu CQUIN) 	March 2019		
	Green		<ul style="list-style-type: none"> Best practice integrated learning and development practices, supported by e- learning and flexible delivery models (Increase compliance with appraisals from 88% to 90% and mandatory training from 74.2% to 85%) 	March 2019		
	Amber Green		<ul style="list-style-type: none"> Developing a Nursing and Midwifery Workforce Strategy. 	March 2019		
Associated risks on the Corporate Risk Register (CRR)			Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
			0	0	1	2
CRR (red) ref:			CRR (amber) ref: UNP245			
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> STP Workforce Board New approach to HCAS/benefits Nursing, Midwifery & AHP Board HR policies - Agile Working Time to change pledge and work with Champions 	<ul style="list-style-type: none"> Health and Wellbeing strategy Integrated Faculty of Education/Education and Training Committee Workforce strategy 	<ul style="list-style-type: none"> Safe staffing reports Data on vacancies, turnover, appraisals, mandatory training, sickness FTSUG reports Flu vaccine take up 	<ul style="list-style-type: none"> Coffee & Conversations Walkabout and Governor feedback Staff survey results 			
Current gaps in controls/assurance			Commentary			
			<ul style="list-style-type: none"> Keeping a close eye on post-Brexit policy on immigration Guidance on developing Workforce safeguards received from NHSI. Gap analysis and action plan to Workforce Committee on 27.02.19. 	<ul style="list-style-type: none"> Turnover 14.3% in January, Sickness 2.03% and Vacancy rate 7.3%. 		

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 thriving health economy for the future.						
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee	
CO7: Work with local partners to transform care across the Kingston, Richmond and East Elmbridge Sub-region.	Green	DI/DSD/MD/COO	<ul style="list-style-type: none"> Contribution to the development of the Kingston and Richmond Local Plans 	November 2018		
	Green		<ul style="list-style-type: none"> Provide support to local boroughs in development of the clinical strategy 	September 2018		
	Green		<ul style="list-style-type: none"> Provide support to local boroughs in delivery of the clinical strategy 	March 2019		
Associated risks on the Corporate Risk Register (CRR)			Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
			0	0	2	2
CRR (red) ref:			CRR (amber) ref: T1017, UNP1049			
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> A&E Delivery Board oversight of transformation programmes Outpatients Transformation Board Supporting partners with waiting lists to reduce waits across SW London 			<ul style="list-style-type: none"> Reports to the Board 			
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> KPI dashboards under development for Outpatients Transformation Board Development of whole system metrics through KCC, Richmond 			<ul style="list-style-type: none"> Meetings have taken place or are in progress to support local boroughs with development of clinical strategy. Engagement events for both Kingston & Richmond in November. Output will shape the borough plans being developed by CCG. Outpatient Transformation work continues. <i>Building relationships with Elmbridge Primary Care Home Network and Surrey Downs ICP.</i> <i>Reviewed and refreshed system leadership and governance in Kingston and Richmond.</i> <i>Joint system priorities agreed for both Kingston and Richmond.</i> <i>Programme plans being developed</i> <i>Clinical Strategy now being referred to as the Health & Care Plan - deadline for which has been delayed.</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 thriving health economy for the future.					
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
CO8: With partners develop strategy to strengthen elective services across SW London including the agreement of a strategy for QMH	Green	DSD	• Delivery of elective services review in line with agreed milestones	March 2019	EMC
			• Contribution to the development of the strategy for QMH		
Associated risks on the Corporate Risk Register (CRR)	Red Rated (this period)		Red rated (last period)	Amber rated (this period)	Amber rated (last period)
	0		0	0	0
CRR (red) ref:			CRR (amber) ref:		
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> • QMH Programme Board (attended by CEO, MD, DSD) • Acute Transformation Board (chaired by CEO and attended by DSD) • SWL Programme Director in place • SWL Elective Services Review project plan • DSD attending Provider Impact Group for Epsom & St Helier Pre-Consultation Business Case 			<ul style="list-style-type: none"> • Reports to Trust Board and EMC 		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> • Lack of local / system level plan that delivers clinical and financial sustainability over the next 5 years • More work to be done to define system and, therefore, achieve consensus view of priorities and work plan with partners 			<p>QMH strategy:</p> <ul style="list-style-type: none"> • KHFT representatives attending QMH working groups. • QMH workshop held in early October 18 to develop strategy and models of care - with KHFT reps (clinical and managerial). • Strategy/plan updated following workshop agreed at QMHPB • Quick wins identified and agreed in principle at QMHPB. Plan to develop strategy by October 2019. <p>Elective services review:</p> <ul style="list-style-type: none"> • Priorities for joint working identified at Acute Transformation Board, November 2018. 		

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 thriving health economy for the future.

Corporate Objective	Overall Progress	Exec Lead	Milestones			Target Date	Lead Committee
CO9: Deliver agreed programme of work for collaboration through the Acute Provider Collaborative 7 programmes spanning: <ul style="list-style-type: none"> • SWLEOC (SWL elective orthopaedic service) • SWL Pathology • Workforce (collaborative staff bank, evaluation of payroll provider options, joint training for hard to recruit to posts) • Procurement • IM&T • Radiology • Single acute medicines formulary 	Amber	Chief Executive	Achieve £1m CIP for KHFT in 18/19	- Procurement £460k - SWLEOC £100k - Pharmacy £15k Less £140k investment to deliver	Mitigation plan in place to ensure delivery of up to 50% slippage of procurement CIP in-year	EMC	
	Green		Operational and clinical resilience	Full roll-out of collaborative staff bank Joint out-of-hours interventional radiology rota	On track		
	Green		Quality improvements	- reduce prescribing errors through single medicines formulary -reduce unwarranted clinical variation through standardised electronic patient record	In development; - Collaborative capital bid for IM&T submitted (announcement Nov) - baseline modelling for single medicines formulary		
Associated risks on the Corporate Risk Register (CRR)		Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)		
		0	0	0	0		
CRR (red) ref:			CRR (amber) ref:				
Controls			Assurance that controls are effective				
<ul style="list-style-type: none"> • Acute Provider Collaboration Board (monthly) reviews progress, issues and risks against agreed delivery plans (CEOs) • Programme plan and steering group in place for each workstream 			<ul style="list-style-type: none"> • Reports to Trust Board and EMC 				
Current gaps in controls/assurance	Commentary						
<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Greatest risk to CIP delivery is in Trusts' engagement to deliver procurement CIPs identified, especially in workforce category – 18/19 projected CIP is reduced from £2.7m to £850k (although FYE in 19/20 is proportionally higher) • Risk regarding activity plan for 18/19 : caused by SWL referral rates for orthopaedic hips and knees reducing: mitigations to attract current local (small) private activity into NHS, and optimise SWLEOC cost efficiencies 18/19 APC CIP target is unchanged at £3.5m; plan currently at net CIP of £2.6m; although increased risk to KHFT as planned radiology CIP written off in context of demand / investment pressures • Exploring one-off CIP mitigations for 18/19 for KHFT to be substantially delivered by FYE of current schemes in 19/20 						

Enclosure R

Strategic Objective 4: To deliver sustainable, well managed, value for money services.						
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee	
CO10: Finalise plan for future development of the estate.	Blue	DoF	<ul style="list-style-type: none"> Outline Business Case for the future development of the Trust's estate reviewed 	April 2018	FIC	
	Amber		<ul style="list-style-type: none"> Appropriate stakeholder engagement strategy fully developed and pursued 	April 2018		
	Amber		<ul style="list-style-type: none"> Full Business Case and detailed design (intermediate milestones to be added) prepared as appropriate. 	March 2019		
	Amber		<ul style="list-style-type: none"> Detailed funding model developed reflecting optimised commercial arrangements with service providers (including retail, PPU and developers) and reflecting estates rationalisation plan. 	March 2019		
	Amber		<ul style="list-style-type: none"> Financing secured for the redevelopment of the site. 	March 2019		
	Amber		<ul style="list-style-type: none"> Risk adjusted backlog maintenance plan included with strategy, highlighting opportunities to ensure all facilities are fit for purpose and high/significant risks are addressed within a reasonable time frame. 	March 2019		
Associated risks on the Corporate Risk Register (CRR)			Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
			3	3	8	10
CRR (red) ref: T953, T1177, T1147			CRR (amber) ref: T926, T1002, UNP1116, T1176, P1144, T1169, UNP1234, 53			
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> Engagement of specialists to support development of business cases. Project manager engaged. Engagement with relevant part of Department of Health to ensure our thinking is consistent with national direction of travel in relation to land sales. Engaged Cliniplan to help advise on operational elements of Estates Strategy. Fire Safety Programme Board overseeing delivery of 2 year capital improvement programme. Engagement with London Fire Brigade and independent fire safety expert. 			<ul style="list-style-type: none"> Regular reports to the Trust Board and EMC on estates masterplan development. Regular reports to the Trust Board and EMC on Fire Safety Programme progress. Land Sale Steering Group with NED representation Regular dialogue with NHSI to provide us with assurance that we are following the right process 			
Current gaps in controls/assurance		Commentary				
		<ul style="list-style-type: none"> Two OBCs envisaged for 2018/19 now approved. Site 1/1A progressing to FBC, 4/4A requires further information therefore third milestone clarified with additional wording above. Estates masterplan to be refreshed in light of local and sector wide developments (clinical) Funding options to be developed once master plan has been refreshed. 				

Strategic Objective 4: To deliver sustainable, well managed, value for money services.					
Corporate Objective	Overall Progress	Exec Lead	Milestones	Target Date	Lead Committee
CO11: Develop and implement plans to support short and longer term financial sustainability.	Green	DoF (DSD)	Short term <ul style="list-style-type: none"> Delivery of agreed financial improvement plans and achievement of control total for 2018/19. 	March 2019	FIC
	Amber		Longer term <ul style="list-style-type: none"> 5 year sustainability plan refreshed in line with STP. 	September 2018	
	Amber		<ul style="list-style-type: none"> Action plans developed to support longer term financial sustainability. 	December 2018	
	Amber		<ul style="list-style-type: none"> Actions delivered in line with agreed plan. 	March 2019	
Associated risks on the Corporate Risk Register (CRR)		Red Rated (this period)	Red rated (last period)	Amber rated (this period)	Amber rated (last period)
		0	0	3	3
CRR (red) ref:			CRR (amber) ref: T1018, T1020, T1188		
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> Annual budget 2018/19 approved 2018/19 Financial Risks and Opportunities Productivity & Improvement Board Monthly performance review meetings and financial forecast meetings Commissioning of expert advice where appropriate (PFI, Land Sale) PPU mobilisation steering group established 			<ul style="list-style-type: none"> FIP Tracking reports Monthly report to FIC/Trust Board Land Sale Steering Group Benchmarking data Single Oversight Framework KPIs and segmentation Regular review of the Model Hospital 		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> Sustainable integrated clinical model. Guidance on funding mechanisms (capital and revenue) expected early 2019. PwC financial gap analysis has provided clarity on underlying issues/gaps. Many of the solutions involve the action of other and/or are structural and difficult to address in the current funding regime 			<ul style="list-style-type: none"> NHSI report on Use of Resources received. Focus and commitment is on delivery of control total for current financial year - wording in short-term milestone amended. PwC analysis has supported different conversations with NHSI and clarity on challenges to be overcome to achieve financial sustainability. DoF engaged in discussions on emerging new funding mechanisms. Contract awarded to TPW and detailed planning and mobilisation under way to support Trust in delivery of Private Patient Services post-BMI. 		