

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

**Date: Month 11 - February 2018**

*Text new this month is in italics*

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						
<b>Strategic Objective 1 - To ensure that all care is rated as outstanding as defined by the CQC across all core services by 2021/22</b>						
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		1
						Amber rated (last period)
						0
Controls				Assurance that controls are effective		
<ul style="list-style-type: none"> <li>Improvement team recruited</li> <li>Quality Improvement Events</li> <li>Scope of Improvement Team's work and improvement programme for 2017/18 developed</li> <li>Process in place for development of improvement priorities for 2018/19</li> </ul>				<ul style="list-style-type: none"> <li>Reports to Productivity &amp; Improvement Board</li> <li>Finance/CIP reports to FIC</li> <li>Quality reports to QAC</li> <li>Intelligence on staff engagement with improvement from Deep Dives</li> <li>A report was presented to the Board for information in July.</li> <li>Productive Endoscopy presentation to QAC</li> <li>Improvements in REU</li> <li>Regular Exec team attendance at Improvement Huddles</li> </ul>		
Current gaps in controls/assurance				Commentary		
<ul style="list-style-type: none"> <li>Review of workstreams initiated by KPMG has identified a significant shortfall in opportunity against the £1.5m plan – <i>progress marked red as will not be achieved in full</i>. Partial mitigations have been worked up in relation to outpatient and theatre utilisation. A review of the opportunities from the flow project is currently being undertaken.</li> </ul>				<ul style="list-style-type: none"> <li>Improvement programme agreed for 2017/18.</li> <li>Priorities identified for 2018/19 <i>and included in FIP programme</i>.</li> <li>For 2018/19 the Executive team is rethinking the approach to realising the opportunities identified.</li> </ul>		

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		14	14	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> <li>Oversight of action plan delivery by CQC Programme Board</li> <li>CQC self-assessment at service level against new KLOE’s</li> <li>CQC Task &amp; Finish group established</li> <li>Well led self-assessment (<i>Board Development Forum Feb 2018</i>)</li> <li>Regular peer reviews with senior nurses</li> <li>Quality Governance and Risk Management structure reviewed and committee terms of reference refreshed.</li> <li>CQC Communications Plan 2018 completed.</li> <li>Additional KPIs included on service line scorecards in June 2017</li> <li>Risk Management Strategy agreed for approval by Trust Board</li> </ul>			<ul style="list-style-type: none"> <li>Progress reports to QAC</li> <li>Deep Dives/Peer Reviews/Walkabouts</li> <li>PALS/complaints</li> <li>Performance scorecards, dashboards and reports (service line scorecards updated June 2017)</li> <li>Data on incidents</li> <li>Internal audit and Clinical audit reports</li> <li>External accreditation visits</li> </ul>		<ul style="list-style-type: none"> <li>FFT scores</li> <li>Inpatient survey results</li> <li>Staff survey results</li> <li>Good news stories - CEO weekly letter</li> <li>Review of CRR by EMC</li> <li>PIR submission and quality evidence included</li> <li><i>Commentary from peer review with Milton Keynes</i></li> <li><i>Comparison with others at NHSI “moving from RI to Good” event, March 2018</i></li> </ul>	
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> <li>Quality Governance and Risk team to be fully recruited, however strong interim management cover in place.</li> </ul>			<ul style="list-style-type: none"> <li>Engagement events in February and March 2018</li> <li><i>Preparation for inspection taking place through presentations by DoNQ to clinical teams and Execs working with NHSI</i></li> </ul>			

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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"> <li>Dementia Strategy Steering Group</li> <li>Trust and Charitable Funds Committee</li> <li>Dementia Conference held in April 2017 to build strategy.</li> <li>Relaunch of Kingston Hospital Charity, including refreshed internal controls</li> </ul>			<ul style="list-style-type: none"> <li>Reports to CQIC/QAC</li> <li>Six-monthly report to the Board</li> <li>FFT scores</li> <li>CHKS Dementia Audit report – May 2017</li> <li>PALS/complaints data</li> <li>Deep Dive/Peer Review</li> <li>Trust &amp; Charitable Funds Committee reports to the Board</li> <li>Impact assessment presentation to QAC</li> </ul>			
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> <li>Dementia Screening - Screening over 90% of patients has not yet been achieved. See Integrated Quality &amp; Operational Compliance Report for detail on actions.</li> </ul>			<ul style="list-style-type: none"> <li>Dementia Strategy 2017 – 2020 approved at the Trust Board in July 2017.</li> <li>Kingston Hospital Charity training event held for Council of Governors, January 2018</li> </ul>			

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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"> <li>• A&amp;E</li> <li>• RTT</li> <li>• Cancer</li> <li>• 7 day services (4 priority standards)</li> </ul>	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	1	2		
Controls	Assurance that controls are effective					
<u>A&amp;E</u> <ul style="list-style-type: none"> <li>• Emergency Care Programme Board</li> <li>• A&amp;E Delivery Board</li> <li>• Local health economy winter plan</li> </ul> <u>Cancer</u> <ul style="list-style-type: none"> <li>• Cancer Board</li> <li>• Trust PTL meetings</li> </ul>	<u>RTT</u> <ul style="list-style-type: none"> <li>• Trust PTL meetings</li> <li>• Divisional and Service Line Performance Review meetings</li> <li>• Trust Access Board</li> </ul> <u>7 day services</u> <ul style="list-style-type: none"> <li>• Audit of 7 day services</li> <li>• Business planning processes</li> </ul>	<ul style="list-style-type: none"> <li>• Performance scorecards, dashboards and reports to EMC and Board</li> <li>• Benchmarking against other Trusts</li> <li>• Detailed plan for 7 day services and financial implications are in development.</li> <li>• Chief Executive chairing A&amp;E Delivery Board; urgent and emergency care improvement plan for the system completed. Supporting PMO in place based at the Trust. Local Emergency Care Programme Board delivery is robustly monitored.</li> <li>• Increased consultant weekend working</li> <li>• Internal Audit report on Ophthalmology RTT Data Quality</li> <li>• <i>National Audit on Clinical Standard 2 (7 day services) – Trust performed above target</i></li> </ul>				
Current gaps in controls/assurance	Commentary					
<ul style="list-style-type: none"> <li>• 38 Day target goes live from 1<sup>st</sup> April 2018, will be reported from July 2018</li> <li>• 28 Day target due to be launched in 2019 and live from 2020</li> </ul>	<ul style="list-style-type: none"> <li>• YTD A&amp;E position stood at 89.23% as at 19<sup>th</sup> March 2018.</li> <li>• Winter pressures, increased acuity and demand and further developments needed in urgent care pathway across the system impacting on performance</li> <li>• MADE event successful in highlighting key issues internally, and in encouraging collaborative working – good response from partners on the whole.</li> <li>• Cancer – 62 day performance is challenged across London. Expect continued rise in 2wk wait referrals.</li> </ul>					

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	2	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> <li>Workforce strategy</li> <li>Health and Wellbeing strategy</li> <li>Implementation of pan-London rates</li> <li>AskHR app and centralised contact arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Contract with Bank Partners</li> <li>KPIs Targets for 2017/18</li> <li>Revised Data Set for A&amp;E</li> <li>Managers Toolkit</li> <li>Deputy Director Development Programme</li> </ul>	<ul style="list-style-type: none"> <li>Reports to WC (KPI targets set May 2017)</li> <li>Retention and recruitment data</li> <li>Staff survey results</li> <li>KPIs to EMC including all categories</li> </ul>	<ul style="list-style-type: none"> <li>Safe staffing report</li> <li>EU staff data</li> <li>Deep dive on turnover</li> </ul>			
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> <li>Concerns about NHS pay</li> <li>Impact of Winter Pressures on harmonised rates</li> </ul>			<ul style="list-style-type: none"> <li>Turnover impacted by Brexit and delays in overseas migration.</li> <li>Milestone for turnover is amber as current rate is 15.9 %.</li> <li>New approach to induction in place from 1<sup>st</sup> February including clearly defined induction activities in probationary period for new staff.</li> <li>Staff survey response rate up to 53%. In top 20% of all acute Trusts for 16 key areas.</li> </ul>			

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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"> <li>Health and Wellbeing Strategy</li> <li>Equality &amp; Diversity Policy</li> <li>MEGA group</li> </ul>	<ul style="list-style-type: none"> <li>Freedom to Speak Up Guardian</li> <li>Surveys for Manager appraisals</li> <li>Mental Health First Aid training</li> <li>Time to change pledge and work with Champions</li> </ul>	<ul style="list-style-type: none"> <li>Reports to WC</li> <li>Staff Survey return data</li> <li>WRES data</li> <li>Feedback on Annual Staff Awards event</li> </ul>	<ul style="list-style-type: none"> <li>Coffee and Conversations output</li> <li>HR data - sickness absence; appraisals; mandatory training; reporting by equality groupings</li> <li>Walkabout feedback</li> <li>Board training on framework for Staff Wellbeing and Mental Health, January 2018.</li> </ul>		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> <li>Staff experiencing discrimination and bullying from patients and members of the public has increased.</li> </ul>			<ul style="list-style-type: none"> <li>Comms campaign on FTSUG role ran in February 2018.</li> <li>71% would recommend the organisation as a good place to work (up from 69%) in 2016 and better than average of 61% for all acute Trusts.</li> <li>An update on WRES data will be provided for the Board on 11<sup>th</sup> April 2018.</li> </ul>		

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		Amber	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)	
	0		0		1	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> <li>A&amp;E Delivery Board oversight of transformation programmes.</li> </ul>			<ul style="list-style-type: none"> <li>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. The plan was for this to be taken into the LTB work plan with executive leads identified across the sub-region.</li> <li>Evaluation against CQUINs provided assurance all actions completed.</li> </ul>			
Current gaps in controls/assurance			Commentary			
<ul style="list-style-type: none"> <li>Local Transformation Board is under review</li> </ul>			<ul style="list-style-type: none"> <li>Transformation programmes being mobilised through A&amp;E Delivery Board</li> <li>Considerable effort continues to be put into progressing system-wide planning</li> <li>Localised work is under way with Kingston Partners and East Elmbridge partners and being scoped for Richmond</li> </ul>			

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		Amber	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)		Amber rated (last period)	
		0		0		0		0	
Controls				Assurance that controls are effective					
<ul style="list-style-type: none"> <li>Tender process for Private Patient procurement commenced May 2017</li> <li>Private Patient Tender Programme Board established</li> <li>SWLEOC Programme Board</li> <li>SWLP Programme Board</li> <li>SWL APC Future Collaboration Workshop - 12<sup>th</sup> December 2017</li> </ul>				<ul style="list-style-type: none"> <li>Reports to EMC/FIC/Board</li> <li><i>Internal Audit report for SW London Pathology</i></li> </ul>					
Current gaps in controls/assurance				Commentary					
				<ul style="list-style-type: none"> <li>Close links developed between COO and SWLEOC</li> <li>Risks attached to PPU procurement discussed with the Board. Contingency planning under way.</li> <li><i>Review of SWL Pathology contractual agreement and development plan under way.</i></li> </ul>					



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)	
	0		0		0	
Controls			Assurance that controls are effective			
<ul style="list-style-type: none"> <li>Governance arrangements in place to oversee A&amp;E expansion business case and plan agreed.</li> </ul>			<ul style="list-style-type: none"> <li>UTC has opened. Final works are due to complete w/b 29<sup>th</sup> Jan 2018</li> <li>Clinical viability assessment indicates 6 core services are clinically sustainable.</li> </ul>			
Current gaps in controls/assurance			Commentary			
			<ul style="list-style-type: none"> <li>Still working with STP and local delivery boards.</li> <li>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.</li> <li>Refreshed clinical strategy discussed with governors.</li> <li>Short term proposals under development for maternity services.</li> </ul>			

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)
	6	5		4	4
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> <li>Engagement of specialists to support development of the master plan.</li> <li>Engagement with relevant part of Department of Health to ensure our thinking is consistent with national direction of travel.</li> </ul>			<ul style="list-style-type: none"> <li>Regular reports to the Trust Board on progress</li> <li>Discussion at Joint Board/CoG Development Forums</li> <li>Presentation at Board Development sessions</li> <li>Progress reports shared with EMC on a regular basis</li> </ul>		
Current gaps in controls/assurance			Commentary		
<ul style="list-style-type: none"> <li>Availability of capital for 2018/19 may compromise delivery of the plan. Property disposal may need to be a short-term priority for next year.</li> <li>We have been engaging with NHSI and DH in order to clarify the steps we need to take in order to progress our plans. Full detail of the availability of capital funding for 2018/19 and beyond and how it can accessed is anticipated as part of the planning guidance.</li> </ul>			<ul style="list-style-type: none"> <li>A Communication and Engagement plan for the organisation and stakeholders is developed but delayed by winter pressures and the need for greater clarity over the scale of the investment that may be possible.</li> <li>In the meantime we are working up plans to address our near term priorities and release value from the Trust's estate where appropriate.</li> <li>Regular dialogue is ongoing with Local Authority planners.</li> </ul>		

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)
	0	0		4*	5
Controls			Assurance that controls are effective		
<ul style="list-style-type: none"> <li>Annual budget 2017/18 approved by Trust Board, March 2017</li> <li>Budget reforecast 2017/18</li> <li>Robust budget setting and business planning process for 2018/19 underway.</li> </ul>			<ul style="list-style-type: none"> <li>Monthly report to FIC/Trust Board</li> <li>Benchmarking data</li> <li>Single Oversight Framework KPIs and segmentation</li> <li>Productivity and Improvement Board</li> <li>Improvement Team's focus on productivity and efficiency markers.</li> <li>Regular review of the Model Hospital</li> </ul>		
Current gaps in controls/assurance			Commentary		
The position for 2018/19 is challenging and considerable work is in progress to return the Trust to financial balance.			The emerging picture in terms of both clinical and financial sustainability will be shared with and discussed by the Board as appropriate.		

*\*Risk 1018 'Non delivery of CIP targets or other elements of the financial plan' moved to CO1 since last report*