

Board Assurance Framework

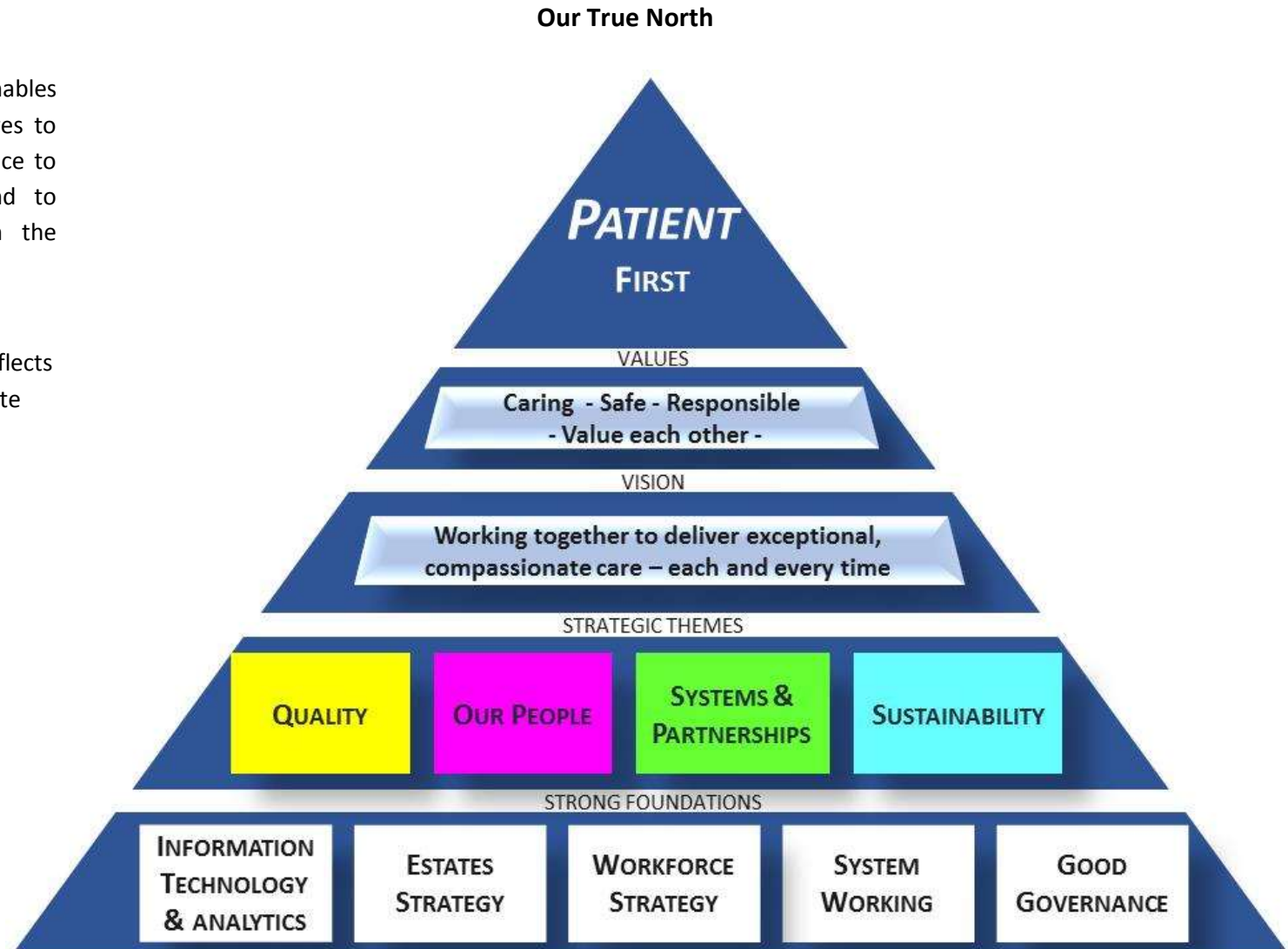
Trust Board	Item: 23
Date: 27 th November 2019	Enclosure: S
<p>Purpose of the Report:</p> <p>To enable the Board to review its principal objectives to ensure there are sufficient controls in place to manage the risks to their delivery and to understand the assurance there is on the effectiveness of those 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>	
<p>For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
Sponsor (Executive Lead):	Susan Simpson Director of Corporate Governance
Author:	<i>Susan Simpson</i> <i>Director of Corporate Governance</i>
Author Contact Details:	Susan.simpson19@nhs.net
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	None
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:	Patient Safety & Risk Management Committee
<p>Recommendations:</p> <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: October 2019 (M7)

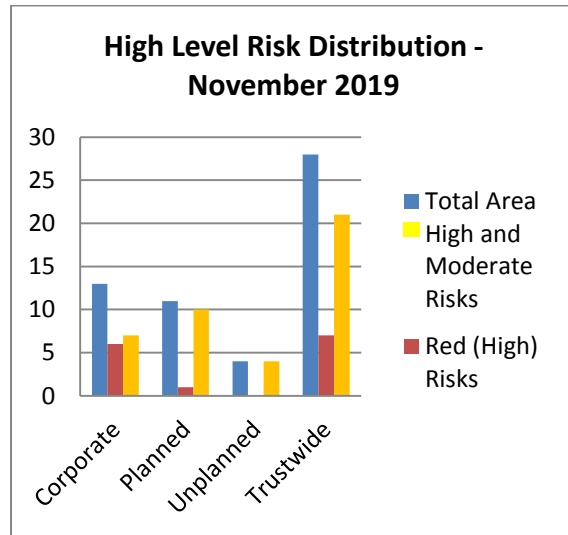
The Board Assurance Framework (BAF) enables the Board to review its principal objectives to ensure there are sufficient controls in place to manage the risks to their delivery and to understand the assurance there is on the effectiveness of those controls.

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.



Trust Risk Register Overview

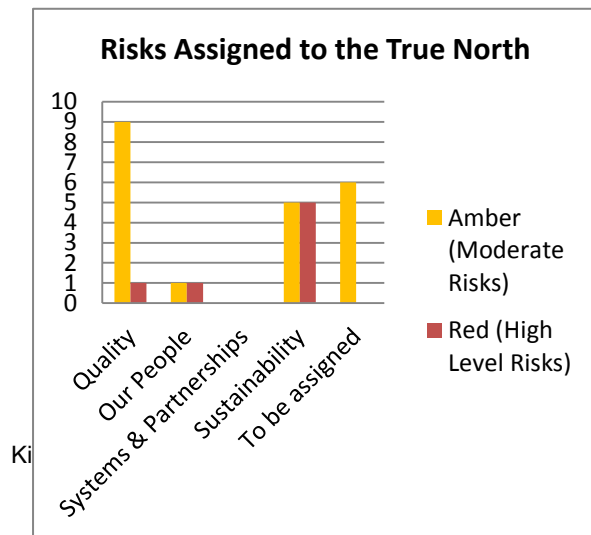
At 1st November 2019 KHFT had approximately 378 risks on the risk register. 28 were rated 12 or above including 7 rated above 15 (reduced from 10 rated above 15 in M6). These risks are mapped against the Trust True North Objectives of Quality, Our People, Systems and Partnerships and Sustainability. Since last month, 6 new risks have been added, 5 risks have been reduced, 2 merged (removing 2 and creating 1 new risk) and 1 removed.. 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"> • FFT 'recommend' rating • Ambulance breaches low • DTOC metric • Improvements in ED workforce stability • Stranded and super-stranded metrics 1st in London 							<ul style="list-style-type: none"> • Growth in non-elective attendance is twice the national average, creating capacity issues on a daily basis. 						
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"> • Internal Emergency Care Programme Board oversees work on A&E and patient flow internally. • A&E Delivery Board (AEDB) for Kingston Richmond & Surrey Downs oversees system wide working. • 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. • 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. • Working with partner organisations to understand the reasons for increased attendances and put in place actions to reverse the trend. • Building relationships and governance around whole system approach to avoiding delays in patient care. • Whole system deep dive into non-elective growth. • Developing integrated discharge team, trial commencing November 2019. • Launching Same Day Emergency Care. • Scoping bed-based vs non-bed-based solution response.
	Ref: 26, 1070, 1073, 1233, 1214, 1145/6, 1257, 1320, 1071, 1328, 1335, 1334												
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
	Ref: 66												

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"> Consistent top performer in national benchmarks. 		<ul style="list-style-type: none"> Significant increase in demand and competing increased demand on diagnostics capacity from emergency inpatients. New standards create co-dependency on other centres. 		
Trust Risk Register - Quality Risks		How are we managing the risks?		
See previous page		<ul style="list-style-type: none"> Cancer Board Robust weekly PTLs Weekly 1:1 for Cancer team and COO, also monthly with CEO RM Partners Delivery Group Strategic CEO Group Performance framework Selected as a site to work with NHSE on new cancer standards for 28 days. Demand and capacity review of diagnostics. Undertaking risk stratification on use of diagnostics to support cancer pathways. 		

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"> Strong workforce metrics in October Agency spend well below cap Vacancy rate at 7% in October is lowest of London acute trusts Stability metric = 87.2% in October Turnover metric = 13.6% in October Statutory & Mandatory training rate 89.69% in October 							<ul style="list-style-type: none"> Turnover is slightly above comparators 							
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"> Overseas programme for qualified nurse recruitment Talent pool introduced to boost retention and progression in Admin & Estates Introducing a cohort programme to target filling gaps in high turnover areas Support for health and wellbeing of staff Developing plans for agile working NHS pension seminar offered internally and access to financial advice Support for EU staff Workforce Committee Deep Dive into Admin & Clerical turnover - action plan now developed and cohort recruitment commenced (100+ applicants to date) Relaunching staff benefits, including salary sacrifice Exploring recruitment hub for recruitment and retention in SW London. 	
	Ref: 51													
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"> Two workshops held 						<ul style="list-style-type: none"> Size and scope of total programme Culture shift Appropriate metrics Technological support Effective administration process/system 							
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"> Transformation Board Delivery Board Operational workstreams led by Associate Directors Patient Administration workstream steering group meeting fortnightly and includes GP and governor input. Four specialities proposed for focus: Gynae, Dermatology, Diabetes and Cardiology. Working on developing new relationships with emerging PCNs. Deep dive into Royal Eye Unit.
	0	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	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"> At M6 on plan against year to date position and forecast is still on plan. Cash balances are strong to support current planned deficit. Working proactively as a system to understand demand drivers and variances so as to facilitate mitigation. Cost Improvement Plans year to date delivered on plan. The Board has reviewed the risks and opportunities affecting the forecast to the year end at its private meeting in September, with updates being monitored regularly through EMC and FIC. 							<ul style="list-style-type: none"> Block - performance above plan, not evenly spread across the services - creates operational pressure Cost Improvement Plans £3m unidentified at M6. The reserves held against the unidentified CIP have been used to offset pressures arising from increased demand. 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 Busy Hospital creating cost pressures for e.g. diagnostics, consumables, as well as staff resources Increased activity is impacting on Exec capacity to focus on the bigger transformation for efficiency. Impact of capital programme on facilities causing some cost pressures 								
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"> Risks and opportunities schedule at departmental level gives real visibility of the risks and opportunities to mitigate. Some reserves and contingencies still uncommitted but held against unidentified CIP. Transformation & Delivery Board meeting monthly and looking to accelerate transformation programmes as well as considering some non-recurrent schemes to mitigate in-year position. Additional resources in place to support timely delivery. Undertaking a critical review of programmes that may be under-delivering to reprioritise and focus on those most likely to deliver. Capital programme being closely monitored to minimise operational impact. 		
	Ref: 926, 1144, 1234, 210														
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
	Ref: 1147, 1312, 1313, 1323, 1311														