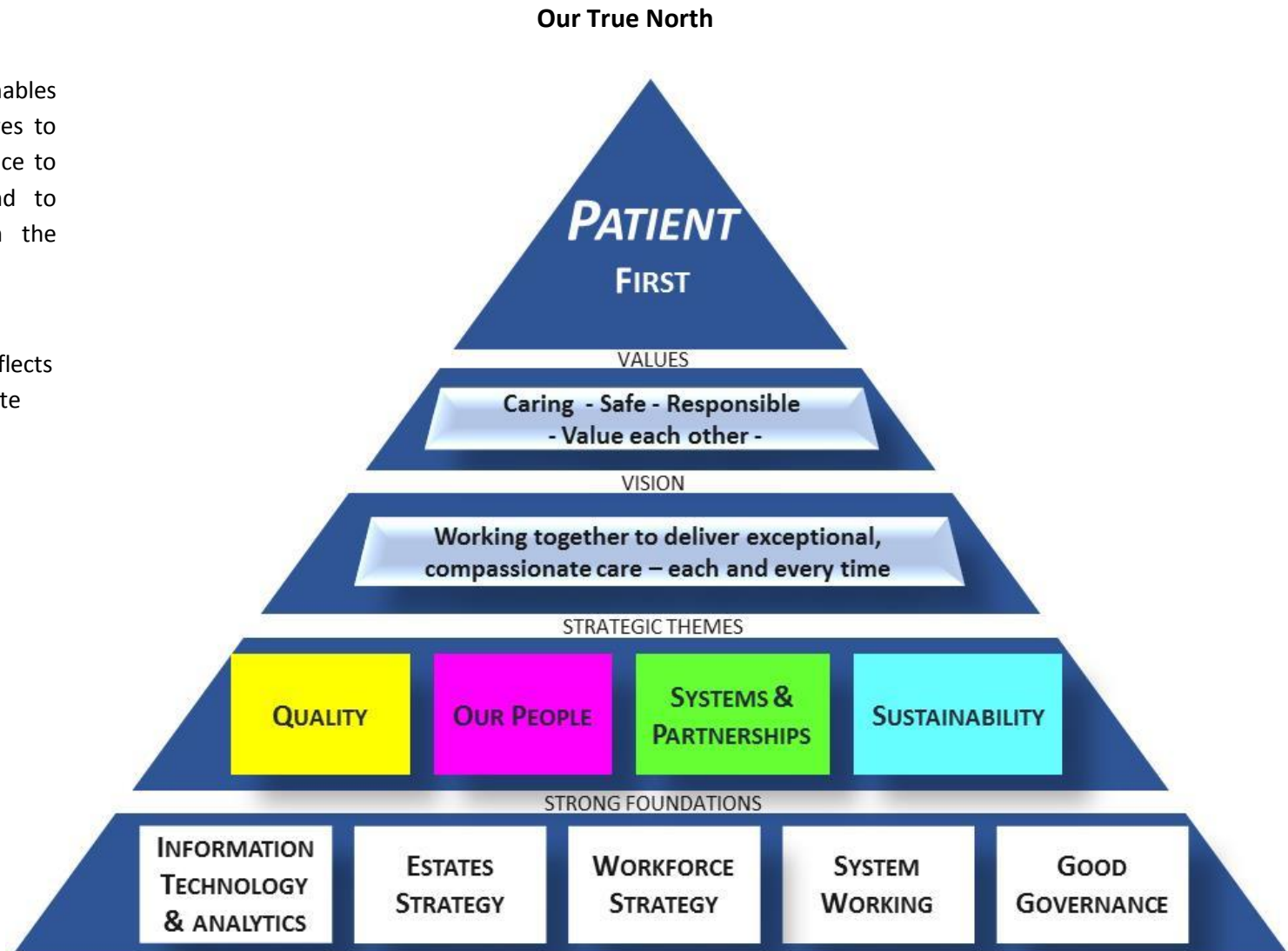


KINGSTON HOSPITAL NHS FOUNDATION TRUST  
BOARD ASSURANCE FRAMEWORK

Month: December 2019 (M9)

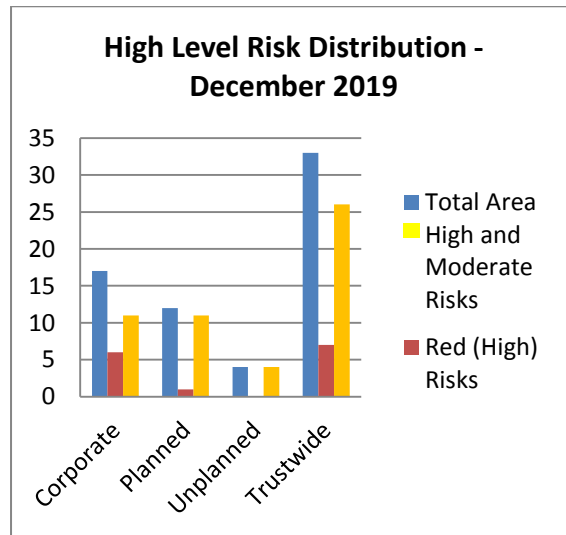
The Board Assurance Framework (BAF) enables the Board to review its principal objectives to ensure there are sufficient controls in place to manage the risks to their delivery and to understand the assurance there is on the effectiveness of those controls.

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.



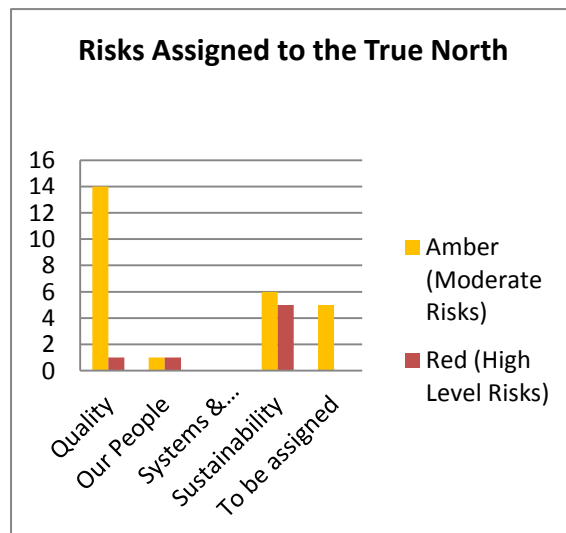
## Trust Risk Register Overview

At the beginning of January 2019 KHFT had approximately 378 risks on the risk register of which 32 were rated 12 or above including 7 rated 15 or above. Since December 2019 we have 6 new risks have been added that require matching to the True North and 3 reduced or 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 (failure to meet PSF requirements; inability to meet FIP targets; failure of QIPP action plans resulting in financial tension in local health economy)
- 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> <li>• Outputs from integrated discharge pilots now evaluated and actions planned</li> <li>• Progressed to analysing the ambulance demand with LAS support</li> <li>• Whole system winter plan and response to surge really effective</li> <li>• MHAU has demonstrated significant reduction in mental health breaches</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> <li>• Lost capacity due to infection control</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>• Same Day Emergency Care commenced.</li> <li>• Revised surge plan and level of senior input, including Gold Command</li> <li>• Lost capacity due to infection control challenge directly supervised by Director of Nursing &amp; Quality</li> <li>• Planned reduction of elective programme to release resource</li> </ul>		
	Ref: 26, 1233, 1214, 1145/6, 1257, 1320, 1328, 1335, 1334, 1074, 1261, 1343, 1347, 1348														
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
	Ref: 66														

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> <li>Bid for funding for diagnostics was successful.</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> <li>Radiology Head &amp; Neck and Breast imaging - challenges around physical space and staff resourcing.</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>Robust weekly PTLs</li> <li>Weekly 1:1 for Cancer team and COO, also monthly 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> <li>Demand and capacity review of diagnostics.</li> <li>Undertaking risk stratification on use of diagnostics to support cancer pathways.</li> <li>Securing additional sessions from Radiologists and changing job plans to release capacity.</li> <li>Skills mix changes in consultant radiographers.</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>• Turnover metric = 14.08%</li> <li>• Statutory &amp; Mandatory training rate = 89.51%</li> <li>• Excellent vacancy rate of 5.59% is below target, but monitoring impacts of Vacancy Control Panel</li> <li>• Best in London rate for registered nurse vacancies</li> <li>• Agency spend well below cap</li> <li>• Final response to Staff Survey = 65.2%</li> <li>• ED workforce metrics showing sustained improvement</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 and middle grade doctors</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 and cohort recruitment commenced (100+ applicants to date)</li> <li>• Relaunching staff benefits, including salary sacrifice</li> <li>• Business case for SW London hub for recruitment and retention approved by Trust Board.</li> </ul>	
	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"> <li>Two workshops held</li> <li>Updated directory of services to support GP referrals</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> </ul>
		0	0	0	0	0	0	0	0				
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	<ul style="list-style-type: none"> <li>Working on developing new relationships with emerging PCNs.</li> <li>Deep dive into Royal Eye Unit.</li> <li>Review of end to end pathways for Cardiology and Respiratory to commence.</li> </ul>
		0	0	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"> <li>Broadly in line with plan at M9; 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>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.</li> </ul>							<ul style="list-style-type: none"> <li>Block - performance above plan, however within 2% tolerance levels and not evenly spread across the services - creates operational pressure</li> <li>At M9 there remains an element of unidentified CIP, which has been discussed in detail at FIC. The reserves held against the unidentified CIP have been used to offset pressures arising from increased demand.</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>Excessive growth in non-elective at twice national average 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> </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. Additional resources in place to support timely delivery.</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>		
	9	11	8	8	7	4	5	5							
Ref: 926, 1144, 1234, 210, 1344															
Red Rated Risks 15+	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
	2	2	5	6	6	5	5	5							
Ref: 1147, 1312, 1313, 1323, 1311															