

### Board Assurance Framework

<b>Trust Board</b>	<b>Item: 17</b>
<b>Date: 24<sup>th</sup> March 2021</b>	<b>Enclosure: M</b>
<b>Purpose of the Report:</b> <p>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.</p> <p>This report reflects the objectives approved by the Board in the Patient First Strategy and is closely linked with the significant risks identified at both a corporate department and divisional level through the Trust's risk registers.</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 (with input from Executive colleagues)</i>
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	
<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 Strategic Theme:</b>	All
<b>Document Previously Considered By:</b>	Executive BAF Risk Group
<b>Recommendations:</b> <p>The Board is asked to review the content of this report and to comment on the level of assurance provided.</p>	

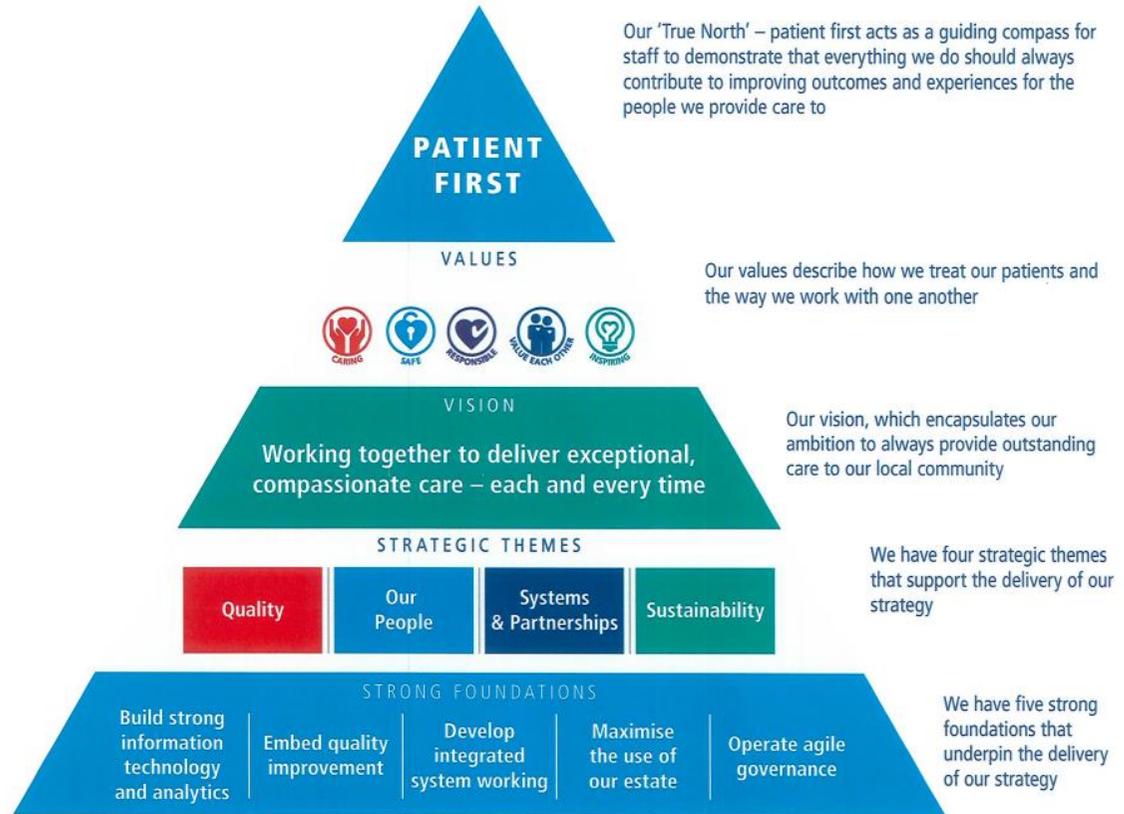
**KINGSTON HOSPITAL NHS FOUNDATION TRUST  
BOARD ASSURANCE FRAMEWORK**

Month: February 2021 (M11/2020-21)

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.

**Our True North**



## Current Governance Arrangements

The Trust continues to work in national Level 4 incident mode. Strategic (Gold) and tactical (Silver) command remain in operation, however core hours of working have reduced from 8.00 am - 8.00 pm to 8.00 am – 5.30 pm, seven days per week, manned by teams drawn from the On Call Director rota for Gold and On Call Manager/management teams for Silver. Silver command runs the incident, dealing with the issues faced on the day, whilst Gold manages the strategic issues pertaining to management of the incident and authorises decisions requested by Silver command. Support for Gold command is provided through twice daily executive meetings as required. An internal Clinical Advisory Group (CAG) meets every week day for multi-disciplinary discussion on clinical decisions. A financial governance framework is in place with clear instructions regarding expenditure limits and decision-making authority relating to the pandemic. Departmental issues which are not incident related continue to be managed by the relevant departmental, cluster or divisional trios.

For activity being delivered through the independent sector (New Victoria Hospital and Parkside) the default position is that accountability for care lies with the independent provider and their governance structures apply. There is a memorandum of understanding to be signed where the default position varies and we have worked through the checklist which forms part of the MOU specifying where responsibility lies for each element of managing patient care.

The Trust Board and its committees, the Council of Governors and the Executive Management Committee continue to meet to timetable as far as possible, albeit that all meetings are virtual, agendas are pared down to the minimum and the time between meetings has been extended in some cases.

Chairs of committees in the governance structure below the Executive Management Committee (EMC) have been asked to consider postponing meetings where possible to ease the pressure on staff. Authority to pause or cease meeting is given through the Gold command/executive team structure and, where permission has been given, Chairs have been asked to report to EMC on the assurance they are receiving that risks are still being managed and essential agenda items are not being missed.

Communication between Executive and Non-Executive Directors is through bi-weekly MS Teams calls and by informal discussions according to areas of responsibility (e.g. DoNQ and NED Chair of Quality Assurance Committee). NEDs and Governors receive the weekly Chief Executive's email to staff, and the Chief Executive also writes each month to the Governors to provide an update.

## Trust Risk Register Overview

As at 1<sup>st</sup> March 2021 there are 391 open (approved) risks recorded on risk registers across the Trust. 45 of these have a current risk score of 12+. For the BAF the risks scored 12+ are categorised according to the four strategic theme domains: Quality; People; Systems & Partnerships; Sustainability. The Patient Safety & Risk Management Committee oversees the management of risk within the Trust.



**QUALITY - Deliver outstanding care at every hospital encounter**

We will always deliver safe effective care striving to meet the highest standards expected within the NHS to provide a positive patient experience. Our teams will constantly seek to improve and will be supported by a Quality Improvement culture that is evident throughout the organisation and which draws upon the best evidence available.

In particular, We will be an exemplary elective care centre, become the maternity unit of choice in SW London and sustain the Trust's leading position in delivering timely cancer treatments

**Short-term Objectives - October 2020 to March 2021**

Objective 1	Progress	Objective 2	Progress	Objective 3	Progress	Objective 4	Progress
Restore and maintain to the full extent possible, all cancer , elective, outpatient and diagnostic services	On track	Work with GPs and other partner organisations to restore the number of people coming forward for treatment	On track	Expand the 111 First offer to provide low complexity urgent care without the need for an A&E attendance ensuring those who need care can receive it in the right setting	On track	Provide alternatives to patients having to attend physical outpatient appointments	On track
	Slippage		Slippage		Slippage		Slippage
	At risk		At risk		At risk		At risk
	Complete		Complete		Complete		Complete

**Metrics 2020-22**

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|---|---|
| <ul style="list-style-type: none"> <li>Reduction in the number of patients waiting for treatment longer than 62 days on an urgent pathway or over 31 days on treatment pathway.</li> <li>100% of last year's outpatient activity achieved from September 2020</li> <li>90% of last year's elective activity achieved from October 2020</li> </ul> | <ul style="list-style-type: none"> <li>60% of all Patient initiated follow up appointments are virtual and at least 25% of new appointments are virtual</li> <li>Patient and staff experience measures for virtual appointments</li> <li>Reduction in number of minor illness attendances in A&amp;E</li> <li>Deliver the quality priorities metrics</li> </ul> |
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**Monthly Commentary**

What's going well?	What are the current challenges?
<ul style="list-style-type: none"> <li>SW London joint working</li> <li>Cancer services and emergency procedures have continued through recent Covid-19 peak</li> <li>Reduction in the number of A&amp;E attendances</li> </ul>	<ul style="list-style-type: none"> <li>Impact of latest Covid-19 surge (December - March) and management of patient flow</li> <li>Critical Care capacity</li> <li>Staff resilience</li> <li>New backlog as a result of recent surge</li> <li>Virtual consultation presents with certain challenges that need to be further investigated</li> </ul>
How are we managing the challenges?	Sources of assurance
<ul style="list-style-type: none"> <li>Use of independent sector to support cancer pathways and emergency procedures</li> <li>Utilisation of beds at NHS Seacole Centre run by Epsom &amp; St Helier Hospital</li> <li>Reinstatement of redeployment hub to allow redeployment of staff to areas of most need.</li> <li>Profiling of elective work and prioritisation</li> <li>Establishment of the RAS</li> <li>Revisiting outpatient pathway and utilisation of virtual appointments</li> </ul>	<ul style="list-style-type: none"> <li>Metrics in integrated performance report to Trust Board</li> <li>Quality priorities progress report to QAC</li> <li>Transformation programme progress reports to QAC</li> </ul>

**OUR PEOPLE - Be a great and inclusive place to work**

Our staff will live the values of the organisation and demonstrate the behaviours that underpin them. They will experience a learning culture which encourages them to be their best selves and will have the opportunity to develop their skills and knowledge to build rewarding careers. We will develop diversity across all workforce groups. They will experience a great place to work , where racism, bullying and harassment are not tolerated, where opportunities to develop and progress are open to all, where we invest in our staff and keep them safe, well, and at work, so that they feel valued for the incredible job that they do.

**Short-term Objectives - October 2020 to March 2021**

Objective 5	Progress	Objective 6	Progress	Objective 7	Progress
To develop our response and implementation plan to the People Plan that describes how the organisation will develop and lead its workforce over the next 2-3 years	On track	Agreement to implement the diversity and inclusion plan for KHFT	On track	Agree a refreshed Health and Wellbeing strategy building on lessons from COVID to provide health and wellbeing support to staff	On track
	Slippage		Slippage		Slippage
	At risk		At risk		At risk
	Complete		Complete		Complete

**Metrics 2020-22**

<ul style="list-style-type: none"> <li>5% of advertised roles are using new job plans</li> <li>Achievement of the Flu vaccination target</li> <li>Annual staff survey score to be in the top 5 of the country</li> <li>Quarterly pulse surveys on staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>Staff turnover is at target rate for all staff groups and data reporting from exit interview questionnaires indicate positive experiences of working at the Trust</li> <li>Achievement of target WRES and WDES indicator scores</li> <li>Significant reduction in the number of staff reporting bullying and harassment from patients, other staff or managers</li> </ul>
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**Monthly Commentary**

What's going well?	What are the current challenges?
<ul style="list-style-type: none"> <li>Best acute in England for staff survey engagement</li> <li>Covid vaccination programme (92% of staff). Full supply used.</li> <li>Free meals for staff working at night</li> </ul>	<ul style="list-style-type: none"> <li>Maintaining resilience and morale through Covid second wave</li> <li>Capacity of staff to engage in training and appraisals</li> </ul>
How are we managing the challenges?	Sources of assurance
<ul style="list-style-type: none"> <li>KHFT People Plan and Equality, Diversity &amp; Inclusion Strategy approved by Trust Board</li> <li>Workforce Project Plan</li> <li>KH Charity funding to support health and wellbeing initiatives, including food</li> <li>Staff survey action plan</li> </ul>	<ul style="list-style-type: none"> <li>Metrics in integrated performance report to Trust Board</li> <li>Workforce Committee</li> <li>Equality Diversity &amp; Inclusion Committee</li> <li>Health and Wellbeing Steering Group</li> <li>Staff Survey data</li> <li>WRES and WDES data</li> </ul>

**SYSTEMS & PARTNERSHIPS - Deliver care that connects between organisations**

We will drive integration of our clinical pathways, providing care closer to home. We will fully participate in improving the health and wellbeing of the communities in which we serve and work with partners to reduce health inequalities. We will strengthen and deepen our working relationships with primary, community and social services across the 'place' as well as the SWL Integrated Care system and we will build on our strengths to lead on areas of work across SWL such as elective care.

**Short-term Objectives - October 2020 to March 2021**

Objective 8	Progress	Objective 9	Progress	Objective 10	Progress	Objective 11	Progress
Work with GPs and other partner organisations to ensure the most vulnerable are protected from COVID	On track	Work with community partners to ensure the discharge to assess process is fully embedded.	On track	Lead on the elective recovery programme for SWL	On track	Develop a plan to create an integrated care partnership with our community providers, to provide support to keeping people well and receiving as much of their care in their own homes or in the community as possible	On track
	Slippage		Slippage		Slippage		Slippage
	At risk		At risk		At risk		At risk
	Complete		Complete		Complete		Complete

**Metrics 2020-22**

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|---|--|
| <ul style="list-style-type: none"> <li>Reduction in the number of stranded and super stranded patients 140 to 100 and 40 to 20 respectively</li> <li>Local health inequalities plan and metrics in place locally (end of first 6 months)</li> </ul> | <ul style="list-style-type: none"> <li>Improved co-ordination of services across primary, community and acute and social care services</li> <li>Achievement of the elective performance metrics</li> <li>Delivery of SWL Elective Programme</li> </ul> |
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**Monthly Commentary**

What's going well?	What are the current challenges?
<ul style="list-style-type: none"> <li>Publication of Patient First Strategy.</li> <li>Board development on integration and developing support to explore further.</li> <li>Relationships across primary and secondary care strengthened with clinical leadership group established.</li> <li>Leadership of elective recovery programme across SWL.</li> <li>Population Health group established looking at population health requirements focused on Cambridge Road Estate.</li> <li>Covid vaccination programme across partners</li> <li>GP in reach and consultant outreach progressing well</li> <li>Rapid Decant model and additional capacity purchased in the community</li> </ul>	<ul style="list-style-type: none"> <li>Impact of Covid pandemic response and impact on strategic planning.</li> <li>Maintaining efficient discharge processes whilst system is under pressure.</li> <li>White paper and emerging guidance</li> <li>Potential withdrawal of Covid funding for Discharge to Assess</li> </ul>
How are we managing the challenges?	Sources of assurance
<ul style="list-style-type: none"> <li>SW London Covid System calls</li> <li>Local assurances Gold/Silver</li> <li>Place based calls</li> <li>Place based working on implementing the rapid decant arrangements; bi-daily calls with place partners</li> </ul>	<ul style="list-style-type: none"> <li>Daily Covid sit-rep</li> <li>Metrics in integrated performance report to Trust Board</li> </ul>

SUSTAINABILITY - Achieve long term financial sustainability					
Short-term Objectives - October 2020 to March 2021					
Objective 12	Progress	Objective 13	Progress	Objective 14	Progress
Deliver the financial target by working with partners to support restoration and continued response to COVID.	On track	Reduce our environmental impact as set out in our sustainability strategy.	On track	Achieve financial regime for Kingston within the ICS for 2021/22.	On track
	Slippage		Slippage		Slippage
	At risk		At risk		At risk
	Complete		Complete		Complete
Metrics 2020-22					
<ul style="list-style-type: none"> <li>Financial target achieved</li> <li>Efficiencies delivered through SWL Acute Provider Collaborative (APC)</li> <li>Improvements in GIRFT and Model Hospital outcome metrics</li> </ul>			<ul style="list-style-type: none"> <li>Delivery of sustainability metrics</li> <li>% Reduction in unnecessary internal tests (to be confirmed)</li> </ul>		
Monthly Commentary					
What's going well?			What are the current challenges?		
<ul style="list-style-type: none"> <li>Joint planning dialogue across SW London ICS</li> <li>The Trust has applied to the Public Sector Decarbonisation Scheme; if fully successful could result in a carbon footprint reduction of approximately 4,268tCO<sub>2</sub>e</li> </ul>			<ul style="list-style-type: none"> <li>Balancing Elective recovery with Covid and Winter pressures</li> <li>Loss of income and additional costs linked to Covid pandemic response</li> <li>Adapting to system planning</li> <li>Covid pandemic impacting on ability to progress sustainability strategy objectives.</li> <li>Work on estates compliance and management of associated risks</li> </ul>		
How are we managing the challenges?			Sources of assurance		
<ul style="list-style-type: none"> <li>M9 review across the system</li> </ul>			<ul style="list-style-type: none"> <li>Monthly Finance report to Trust Board</li> <li>Finance &amp; Investment Committee</li> <li>SW London NEDs group</li> <li>SW London Recovery Board</li> </ul>		