

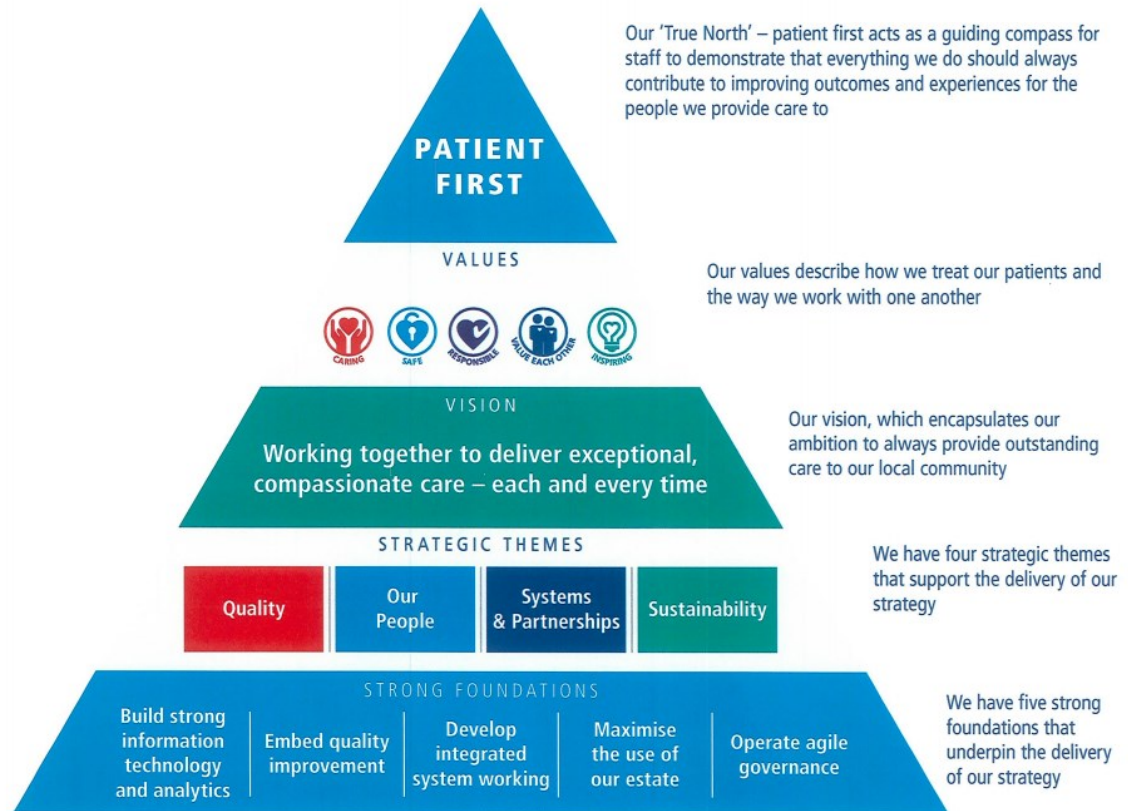
<b>Trust Board (Public)</b>	<b>Item: Board Assurance Framework</b>
<b>Date: September 2021</b>	<b>Enclosure: L</b>
<b>Purpose of the Report:</b> The Board Assurance Framework (BAF) enables the Board to review its principal objectives to ensure there are sufficient controls in place to manage the risks to their delivery and to understand the assurance there is on the effectiveness of those controls.	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Sam Armstrong, Director of Corporate Governance
<b>Author:</b>	Sam Armstrong, Director of Corporate Governance
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	Those related to the objects and the associated risk management.
<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 Management Committee and Audit Committee
<b>Recommendations:</b> To review the content of this report and to comment on the level of assurance provided.	

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

**Our True North**

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.



## Current Governance Arrangements

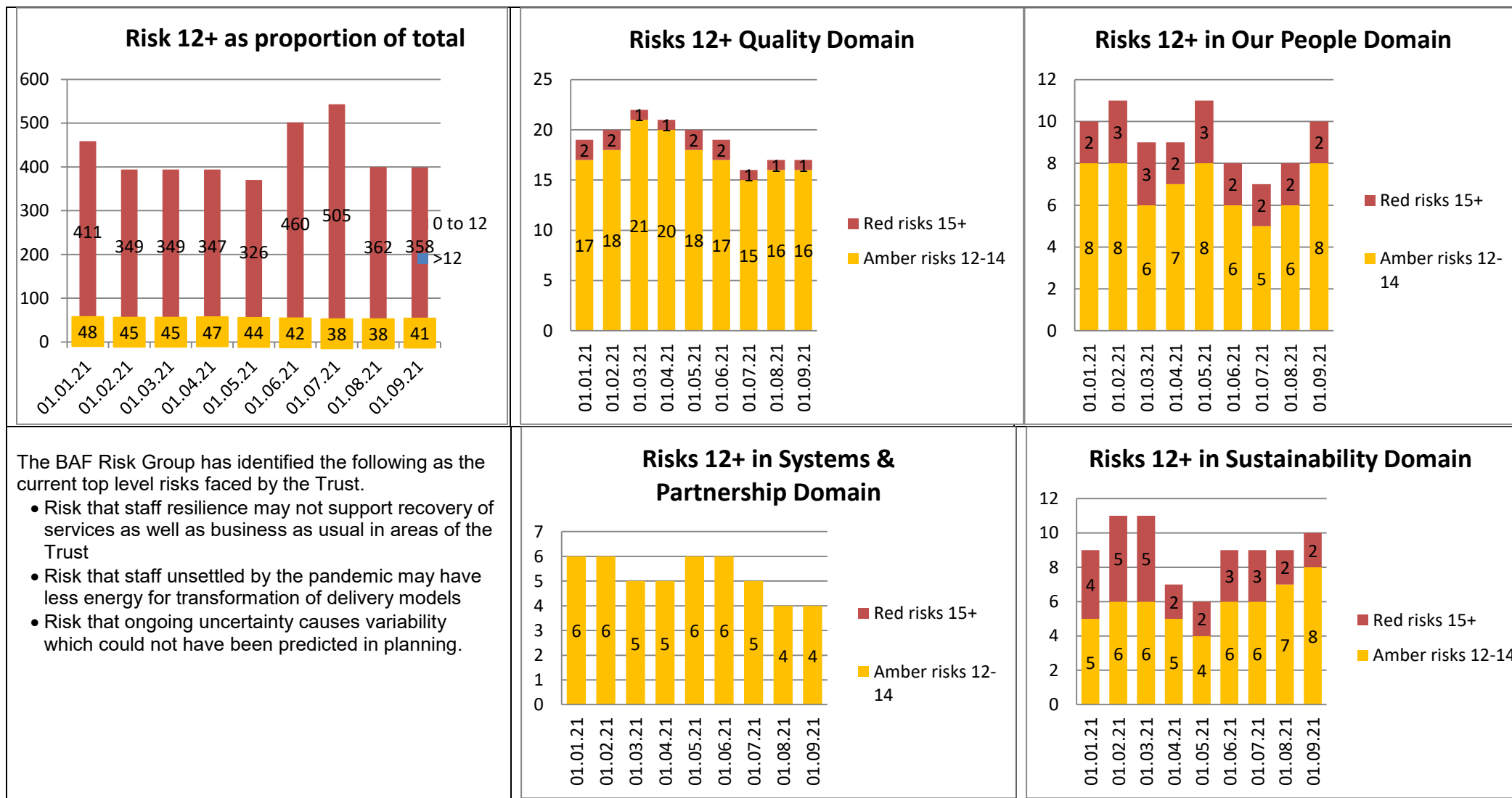
The Trust is still working in national Level 3 incident mode, even though since 19<sup>th</sup> July the nation has passed to step 4 of the roadmap to lift Covid-19 restrictions. While strategic (Gold) and tactical (Silver) command have been stood down, in the last month the Trust has escalated to Gold and Silver command on certain days as a response to pressure experienced by the Trust. These escalations have been temporary and de-escalation has occurred once the situations were alleviated. Except when escalated, the On Call Director (OCD) rota for Gold and On Call Manager (OCM) for Silver are now operating under normal conditions. Support for OCD is provided through a daily executive huddle. Clinical issues are escalated and managed via normal governance routes. 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.

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. Meeting agendas continue to return to normal, where appropriate and possible. The Director of Corporate Affairs is working on the reintroduction of the Governor Desks, and an update to Governors will be provided soon. Any re-introduction will, of course, be subject to risk assessment and operate under strict protocols. Operational committee meetings are now being reintroduced and meetings have commenced, albeit virtually. These activities will be monitored and altered, if needed.

The bi-weekly Executive and Non-Executive Directors MS Teams calls have been stood down, however any urgent communications would be conducted if and when needed. Informal discussions between lead Executive and Non-Executive Directors according to areas of responsibility (e.g. DoNQ/DIPC and NED Chair of Quality Assurance Committee) are continuing as needed. 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> September 2021 there were 41 risks on the risk register with a score of 12+ (three more than the last report). These have been discussed at Patient Safety and Risk Management Committee. For the BAF, the risks scored 12+ are categorised according to the four strategic theme domains. The Patient Safety & Risk Management Committee oversees the management of risks 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

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**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Maintain low 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> |
|---|---|

**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>• Stable number of Covid-19 positive patients in the Trust</li> <li>• Maintenance of reduction in number of Covid-19 positive patients in Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• Critical Care capacity</li> <li>• Staff resilience</li> <li>• New backlog as a result of increased referrals into hospital</li> <li>• Virtual consultation presents with certain challenges that need to be further investigated</li> <li>• Continued pressure in ED</li> <li>• Backlog reducing, however there is still work to be done to get back to pre-covid position.</li> <li>• Pressure on 111 effecting ability to utilise available appointment slots</li> <li>• Number of available general beds</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>• Profiling of elective work and prioritisation</li> <li>• Establishment of the RAS</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics in integrated performance report to EMC and Trust Board</li> <li>• Quality priorities progress report to QAC</li> <li>• Transformation programme progress reports to QAC</li> </ul>

<ul style="list-style-type: none"> <li>• Revisiting outpatient pathway and utilisation of virtual appointments</li> <li>• Health and Wellbeing or staff being promoted</li> <li>• Away days with staff commenced 13.09.21</li> </ul>	
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### 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.

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 (nb NHSE now requiring quarterly surveys)</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, and best acute in London across whole survey</li> <li>• Covid vaccination programme (87% of staff). Full supply used.</li> <li>• Free meals for staff working at night</li> <li>• Covid booster vaccine being launched in September and flu vaccination campaign launch</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining resilience and morale through Covid-19 second wave – increase in ER cases / stress</li> <li>• Capacity of staff to engage in training and appraisals</li> <li>• Focusing staff on changing priorities – ambiguity of emergency care, elective recovery and covid-19</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> <li>• Planning for flu campaign and vaccination boost for this autumn</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics in integrated performance report to Trust Board</li> <li>• Workforce Committee, particularly aware of ER cases</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.

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		
	At risk		At risk		At risk		
	Complete		Complete		Complete		

**Metrics 2020-22**

- |   |  |
|---|--|
| <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> |
|---|--|

**Monthly Commentary**

What's going well?	What are the current challenges?
<ul style="list-style-type: none"> <li>Clinical leadership group established which includes GPs and hospital consultants addressing service and pathway issues</li> <li>Leadership of elective recovery programme across SWL, working with other acute providers in SWL on development of surgical hubs, utilisation of additional theatre on QMH to support recovery</li> <li>Population Health group established looking at population health requirements focused on Cambridge Road Estate – report produced and action plan being developed</li> <li>Place based working arrangements progressing well</li> <li>Mobilisation of Patient First Strategy with the Trust</li> <li>Long COVID and COVID follow up arrangements in place</li> <li>Local health and care plans being refreshed by October 2021, which will address inequalities</li> <li>Developing an place based Obesity plan and framework for Kingston and Richmond</li> <li>Progressing joint appointments with East Elmbridge PCN to support place based integrated working</li> </ul>	<ul style="list-style-type: none"> <li>Impact of Covid pandemic response and impact on strategic planning</li> <li>Seeing a rise in the number of stranded and super-stranded patients as a result of demand and workforce challenges across local health and care organisations</li> <li>Awaiting confirmation of funding arrangements for H2 – plans and guidance expected soon</li> <li>There has been good progress in delivering the elective recovery programme but due to workforce pressures coupled with rising demand pressures we are seeing a slowing down of performance although plans are being developed to mitigate these issues</li> </ul>

How are we managing the challenges?	Sources of assurance
<ul style="list-style-type: none"> <li>• Local assurances Gold/Silver</li> <li>• A&amp;E Delivery Board progressing a number of initiatives with place based partners to support flow and address workforce pressure</li> <li>• Place leaders group established for Kingston and Richmond</li> <li>• K&amp;R sub groups established to support place based working and transformation and delivery</li> <li>• Transformation programmes established, metrics in development</li> <li>• Population health profiles for each borough being progressed by local authorities</li> <li>• Closer working relationships with community partners and hospitals to look at ways to support integration of services</li> </ul>	<ul style="list-style-type: none"> <li>• Daily Exec Huddle</li> <li>• Metrics in integrated performance report to Trust Board</li> <li>• Updates on place based working</li> <li>• Monthly PRM overseeing performance</li> <li>• Reports to FIC</li> <li>• A&amp;E Delivery Board</li> </ul>



SUSTAINABILITY - Achieve long term financial sustainability					
Objective 12	Progress	Objective 13	Progress	Objective 14	Progress
Deliver the financial target by working with partners to support H1 system financial target and continued response to COVID and elective recovery.	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 will be achieved as a system in H1</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 4,268tCO2e</li> </ul>			<ul style="list-style-type: none"> <li>Balancing Elective recovery with Covid-19 and Winter pressures</li> <li>Impact of revised elective recovery trajectory to 95%</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> <li>H2 allocation expected to be available in late September 2021, which creates a challenge for planning.</li> <li>Lack of input from key clinical and operational staff to achieve efficiencies due to BAU and daily commitments</li> </ul>		
How are we managing the challenges?			Sources of assurance		
<ul style="list-style-type: none"> <li>Monthly 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>		