EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS**

DATE**:** **30 OCTOBER 2014**

SUBJECT: **BOARD ASSURANCE FRAMEWORK (QUARTER REVIEW)**

REPORT FROM: **Trust Secretary**

PURPOSE: **Discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The Board Assurance Framework (BAF) provides the Trust with a comprehensive method for the effective and focused management of the principal risks to meeting its annual objectives. It also provides a structure for the evidence to support the Annual Governance Statement

The Board's role at this stage of the year is to:

- Focus on the Annual Objectives that are RAYG rated Red / Amber through reports from Board Committees;
- Receive assurances as identified on the BAF;
- Review of some action plans to address gaps in control / assurance (dependent on delegation)
- Request deep dives as appropriate.

The Board receives a summary report which includes progress against the performance measures agreed at the beginning of the year and the forecast for the next quarter. This is provided as Appendix 1.

SUMMARY:

Below is a summary of the Annual Objectives Risk and Assurance levels any text that has been struck through was the previous quarter's achievement:

	Risk	Assurance	Performance
AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care	**RED**	**GREEN** **~~AMBER~~**	**YELLOW** **~~RED~~**
AO2: Develop and agree a Transformation Redesign Service Improvement Strategy that supports frontline staff to identify ways of working that costs less whilst maintaining high quality patient care.	**RED**	**GREEN** **~~AMBER~~**	**AMBER** **~~RED~~**
AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust	**RED (NEW RISK)**	**AMBER**	**AMBER** **~~YELLOW~~**
AO4: Agree with Commissioners and consult with the public to implement a	**None**	**YELLOW** **~~AMBER~~**	**GREEN**

sustainable clinical strategy which will, in particular, meet the standards for emergency surgery; ensure the availability of an appropriately skilled workforce and provide safe sustainable services with consideration of access for patients and their families and visitors			
AO5: Identify and implement the commercial strategies that support the Trust to maximise its opportunities to increase revenue, grow its business in profit making areas and retain its market share.	**None**	**YELLOW ~~AMBER~~**	**GREEN**
AO6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects.	**None**	**YELLOW ~~AMBER~~**	**GREEN**
AO7: Implementation of the Research and Innovation (R&I) Strategy to increase homegrown R&I whilst continuing to support other R&I by putting the right people, processes and facilities to support these goals and through effective engagements with R&I stakeholders	**RED**	**AMBER**	**RED ~~GREEN~~**
AO8: Engage with the Divisions to develop and provide clinical information to support strategic decision making.	**NONE**	**RED ~~GREEN~~**	**YELLOW ~~GREEN~~**
AO9: Ensure strong financial governance, agree contracts with commissioners that deliver sufficient activity and finance and support a comprehensive internal cost improvement programme where all Divisions deliver cash releasing savings schemes to deliver Trust CIP targets	**RED**	**GREEN ~~AMBER~~**	**RED**
AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.	**RED**	**RED ~~AMBER~~**	**RED ~~GREEN~~**

A number of the Annual Objectives do not have risks appearing on the Corporate Risk Register but any lower level risks, or emerging risks are added to the commentary box. It is best practice to only seek assurance against those annual objectives that have risk associated with them, however, it was suggested that identifying the various mechanisms for providing assurance “in general” for the AO would provide a better understanding of how robustly the AO is reviewed and the level of assurance received by the Board.

Most of the AO’s have good internal reporting through performance metrics and measurement against action plan milestones, all of which is considered good in assurance terms. The Data Quality Audit being carried out by KPMG will help provide the assurance that the performance data is accurate. The AO’s where assurance

needs to be improved are:

AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust. A number of assurances are planned for Q3 including

- the outputs from the Friends and Family staff indicators with detailed actions for improvement;
- Assurances against delivery of the CQC High Level Implementation Plan (HLIP).

In addition the objective to improve the overall score in the staff survey is not likely to be met. The scores from the staff Friends and Family Test (FFT) showed a deterioration in performance from Q1 to Q2, in the section staff recommending the Trust as a place to work, following the national publication of the CQC inspection reports

AO7: Implementation of the Research and Innovation (R&I) Strategy to increase homegrown R&I whilst continuing to support other R&I by putting the right people, processes and facilities to support these goals and through effective engagements with R&I stakeholders.

- This risk is mitigated by external assurance and once the risk register is in place (Q3) this will move to GREEN.

AO8: Engage with the Divisions to develop and provide clinical information to support strategic decision making.

- Much of the oversight of this risk has been undertaken within the Finance team and through the Medical Director. This will change going forward with plans to bring information through to the Board either directly or indirectly through reporting from Management Board.

AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.

- Whilst the assurances around the various risks is strong the is rated "RED" as agreed with IAGC until the Board Governance Review (and associated reviews) have been completed. This will mean that it may remain RED until the end of the financial year.
- The Trust will not meet this objective but this was not an Annual Objective agreed with Monitor in our Annual Plan and therefore will not need to be reported upon in the Annual Report.

The Board should discuss and identify any Annual Objective where a "deep dive" would be helpful to understand either the risk, assurances or performance trends.

RECOMMENDATIONS:

The Board is asked to:

- Seek assurances from the Board Committees; and
- Identify any areas of concern for either a "deep dive" or referral back to the "lead" committee for further investigation.

NEXT STEPS:

The Board should receive a recommendation from the IAGC and exception reports from Quality Committee and Finance and Investment Committee to enable it to be assured in relation to achievement of this year's Annual Objectives.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The BAF records sources of assurance against risks to the delivery of the AOs. This in turn supports the delivery of strategic objectives

LINKS TO BOARD ASSURANCE FRAMEWORK:

In terms of robust governance this paper supports AO10.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

None

FINANCIAL AND RESOURCE IMPLICATIONS:

Currently, all major financial implications have been identified and subjected to the Business Case process.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The BAF risk management process and the reporting of actual performance against the AOs supports the Chief Executive in signing the Annual Governance Statement which forms part of the Trust's statutory reporting requirements.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

Internal Audit carry out an annual review which forms part of their Head of Audit opinion.

ACTION REQUIRED:

(a) Discuss and agree recommendations.

CONSEQUENCES OF NOT TAKING ACTION:

The consequence of not taking action relates to the ability of the Board to understand the risks and issues that may impede them in achieving their Annual Objectives.

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

BOARD ASSURANCE FRAMEWORK (SUMMARY)

2014-15

QUARTER TWO

2014-15 STRATEGIC OBJECTIVES

DOMAIN	OBJECTIVE
SO1 Quality	**Deliver excellence in the quality of care and experience of every person, every time they access our services**
SO2 Stakeholder Engagement	**Ensure comprehensive communication and engagement with our workforce, patients, carers, members, GPs and the public in the planning and delivery of healthcare.**
SO3 Innovation and Improvement	**Place the Trust at the leading edge of healthcare in the UK, shaping its future and reputation by promoting a culture of innovation, undertaking novel improvement projects, and rapidly implementing best practice from across the world.**
SO4 Business Development	**Identify and exploit opportunities to optimise and, where appropriate, extend the scope and range of service provision.**
SO5 Infrastructure	**Continue to upgrade the Trust's infrastructure in support of a sustainable future.**
SO6 Finance	**Deliver efficiency in service provision that generates funding to sustain future investment in the Trust**

BOARD ASSURANCE FRAMEWORK: OVERVIEW

Definitions:
Risk: this shows the current risk status as agreed with the Executive lead and shown on the Corporate Risk Register. Where there is more than one risk this is aggregated to form one score.

Performance: This information has been provided by the Executive Lead and moderated by the Trust Secretary. Updated where performance is showing as “red” is provided in the summary commentary.

Assurance: This has been assessed by the Trust Secretary in terms of whether the controls and assurances will impact significantly on both reducing the risk but more importantly provide assurance to the Board that it is receiving all necessary information about the management of the risk, it is based on the agreed weightings given to the controls and assurances. The levels of assurance are as follows:

Green: Either good internal / external or clinical audit report, plus two medium level assurances plus other assurance totalling 15 points; negative elements that have been addressed:

Yellow: As for “green” but may have a number of negative elements that are not critical or are being addressed in the mitigation:

Amber: A number of medium or weaker assurances; may have some negatives that have not been addressed.

Red: A small number of weaker / medium level assurances and the Negative assurances outweigh the positive assurances.

ANNUAL OBJECTIVES AND THE LINK TO THE STRATEGIC OBJECTIVES

	SO1	SO2	SO3	SO4	SO5	SO6
AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care	X					
AO2: Develop and agree a Transformation Redesign Service Improvement Strategy that supports frontline staff to identify ways of working that costs less whilst maintaining high quality patient care.	X					
AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust		X				
AO4: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will, in particular, meet the standards for emergency surgery; ensure the availability of an appropriately skilled workforce and provide safe sustainable services with consideration of access for patients and their families and visitors.	X			X		
AO5: Identify and implement the commercial strategies that support the Trust to maximise its opportunities to increase revenue, grow its business in profit making areas and retain its market share.				X		
AO6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects.					X	X
AO7: Implementation of the Research and Innovation (R&I) Strategy to increase homegrown R&I whilst continuing to support other R&I by putting the right people, processes and facilities to support these goals and through effective engagements with R&I stakeholders			X			
A08: Information: Engage with the divisions to develop and provide clinical information to support strategic decision making.	X			X		X
A09: Finance: Ensure strong financial governance, agree contracts with commissioners that deliver sufficient activity and finance and supports a comprehensive internal cost improvement programme where all divisions deliver cash releasing savings schemes to deliver Trust QIPP targets.						X
AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.	X	X	X	X	X	X

OBJECTIVE	OVERVIEW OF RISK, ASSURANCE AND PERFORMANCE		
CHIEF NURSE AND DIRECTOR OF QUALITY AND OPERATIONS			**QUALITY COMMITTEE**
AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care	**RISK**	**ASSURANCE**	**PERFORMANCE**
Patient Experience **Risk:** The patient experience risk (risk that more complainants will be dissatisfied with the response they receive) is to be reviewed and reassessed given the increase in complaints and number of returners to identify any additional controls. **Assurance:** Assurance around the CQUIN risk is Amber based on the number of assurances and the lack of positive actuals which is due to this being the first quarters report, this should improve over the next quarter. **Performance:** "The Trust received 17,076 compliments in 2013-14 and 6,609 in Quarter 1 of 2014-15. The Trust is on target to achieve a Significant increase in the % of compliments for 2014-15, well above the 10% target. The wards and Maternity are achieving the national average NPS score but the A+Es are below the national average. Improvements are forecast. Only 20 of the 33 PHSO referrals made in 2013/14 are closed and 8 (40%) were upheld, The remaining 13 from 2013/14 remain open and including the 6 referrals made in Q1 a total of 22 remain open (3 from 2012/13 remain open) The % of complaints responded to within the agreed timescale in 2013-14 was 88% (Target 85%). The % of complaints responded to within the agreed timescale in Quarter 1 of 2014-15 is 82%. This metric has not therefore been achieved in this quarter, though considerable work is being undertaken with the Divisions to reduce the response times. Efforts to respond very quickly to informal complaints, where a response can be provided within 10 working days, have improved. "The Trust received a total of 60 complaints regarding either the lack of/inappropriate pain management or nutrition during 2013-14. The Trust	**RED**	**GREEN** ~~**AMBER**~~	**YELLOW** ~~**RED**~~

received a total of 13 complaints regarding the same during Quarter 1 of 2014-15. The target is to reduce the number of complaints regarding pain management and nutrition by 10% in 2014-15. The Trust is on target to achieve a 10% reduction in 2014-15" **Forecast:** Sustained improvement is forecast for the % positive feedback received. Improvements are forecast around the net promotor scores. Reduction of upheld PHSO referrals will be seen as a result of improvements in thoroughness and appropriateness of responses. Considerable work is being undertaken with the Divisions to reduce the complaint response times. Efforts to respond very quickly to informal complaints, where a response can be provided within 10 working days, have improved. Sustained improvement is forecast in the area around complaints relating to pain management, nutrition and hydration. **Patient Safety** **Risk: (RED)** Both the HCAI risk and Sepsis risk are well controlled with high and medium level controls in place. **Assurance: (GREEN)** Both risks have a high level of assurance with external input which results in a “Green” status. **Performance: (GREEN)** **HSMR**: Following the move from Dr. Foster to CHKS there have been issues with data validation. **Sepsis**: A Sepsis working group is in place. Standards Compliance Target is 80% within 4 Hours, 100% within A&E. Audit is not yet complete this year and a measure is therefore not yet available. **HCAIS:** There have been no avoidable MRSA bacteraemia assigned to EKHUFT in Qtr 2. There were 17 post 72hr cases of C. difficile in Qtr 2 against a trajectory of no more than 12. RCAs are being completed for E. coli bacteraemia occurring within 30 days of surgery (2014/15) **Falls:** NHS Safety Thermometer prevalence Qtr 2 - 15 falls against a trajectory of up to 24. The target 25% improvement in prevalence of falls with harm (NHS Safety Thermometer) in Q4 will require no more than 94 by Mth 12) . As at end Qtr 2 there have been 18 falls with harm.			

Pressure ulcers: Incidence of avoidable category 2, 3 and 4 pressure ulcers is meeting improvement trajectory with 15 in Q2 (YTD 39) against a year end maximum of 99. The target reduction of avoidable deep ulcers is being met with 3 in Q2 against a year end maximum of 28. the target reduction of avoidable category 2 ulcers is also being met with 12 in Q2 against a year end maximum of 71**.** **Duty of candour:** For Q2, 144 informed / 286 applicable , 50%. Difficult to baseline as in the previous year the feedback field was not mandatory. This field has been mandatory for one quarter and this has not evidenced improvements in compliance. For Serious Incident Investigations the RCA template prompts the completion and documentation of actions taken to inform patients and relatives of the incident, offer them the opportunity to contribute to the investigation and feedback the findings of and actions taken as a result of the investigation **Forecast:** **HSMR**: Position should be available and validated for Q3 **Sepsis**: Audit work to provide a performance measure. **HCAI's:** **Falls**: It is anticipated that the Trust will continue to perform well and the number of falls causing harm will remain within trajectory to achieve a 25% reduction **Pressure Ulcers: Sustained** improvement is expected, demonstrating impact from the Think Heels Campaign and the Ward action plans**.** **Duty of Candour:** Introduction of the Statutory Duty of Candour (for moderate harm and above incidents will necessitate action to improve compliance with this metric from November 2014. **Clinical Effectiveness** **Risk: (RED)** The main risk to achieving the CQUIN's relates to the lack of resource in managing the Over 75 frailty CQUIN, the Divisional Director of UCLTC is currently reviewing the need and resource requirement. Additionally, "frailty" may not be recognised or resourced in terms of a clinical code. As such there may be a risk that we will identify patients at high risk of harm but not be appropriately reimbursed for the developed pathway of care.			

The other controls in place are strong and with the additional controls identified will provide adequate assurance that the risk is well managed Additionally, the CCGs continually change elements of the pathways which makes management of the CQUIIN's extremely difficult. **Assurance: (GREEN)** Green assurance as Commissioners have been actively reviewing performance with no challenge on the figures provided. KMCS receive the monthly reports which feed into the CCG's Governing Body agenda. **Performance: (AMBER)** **CQIUNS:** RAG rating applied is indicative of the % of programme likely to be achieved by Qtr 4. Current key risks are: 1.FFT rollout to outpatient areas requires SIG approval for investment before implementation by October can be certain 2.COPD measures require both some data collection and clinical process issues to be resolved 3. integrated Diabetes pathway implementation plan in progress. **Staffing levels:** The accuracy of the reporting process has been enhanced. As at September 2014, all 3 sites remain >95% fill rate. Any areas < 80% are reviewed and the main theme is vacancies, with some areas of high sickness. The recruitment process / vacancy action plan is being implemented to reduce the number of vacancies. **Forecast:** **CQIUNS:** 85% <90% **Staffing levels:** The recruitment process / vacancy action plan is being implemented to reduce the number of vacancies. Improved fill rates are expected to continue			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
CHIEF NURSE AND DIRECTOR OF QUALITY AND OPERATIONS			**QUALITY COMMITTEE**
AO2: Develop and agree a Transformation Redesign Service Improvement Strategy that supports frontline staff to identify ways of working that costs less whilst maintaining high quality patient care.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: The risk around unplanned use of extra beds is well mitigated internally, further work has been identified but this also requires support and action from primary care and community care. **Assurance:** Green due to the high level of internal and external focus on addressing the concerns around A&E and the impact this has on the implementation of ambulatory care pathways. **Performance:** Milestones are slightly behind due to additional analysis and information required (as reported in Q1) however progress is now being made in all Divisions. Financial position at Month 5 is ahead of phased Plan, due to early achievement by Surgical Division. Due to the delay with project milestones, Quality measures are also slightly behind trajectory, but Transformation Dashboard is nearing completion and Quality measures will be closely monitored for impact of service improvement **Forecast:** Would expect slippage on Milestones to reduce, with a view to reporting Yellow for Q3. Divisional contributions for UCLTC and Specialist are required in Month 6. Q3 financial contributions are particularly challenging, with limited Schemes confirmed. Service Reviews (SLR) to be analysed to identify & quantify potential efficiencies.	**RED**	**GREEN** ~~**AMBER**~~	**AMBER** ~~**RED**~~

OBJECTIVE	OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE		
DIRECTOR OF HUMAN RESOURCES			**QUALITY COMMITTEE**
AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: The objective to improve the overall score in the staff survey is not likely to be met. The scores from the staff Friends and Family Test (FFT) showed a deterioration in performance from Q1 to Q2, in the section staff recommending the Trust as a place to work, following the national publication of the CQC inspection reports **Assurance:** There is a good level of assurance but additional positive assurance is required to move this to "yellow" and confirmation that the action plan in place to address the staff survey results is also needed. **Performance:** **External Engagement:** New public/Healthwatch members now sitting on EEGG, Clinical Support PUG. Way Finding Project Group worked with MENCAP & KAB. Events to engage VCO's were cancelled as was the event in relation to delivery of the NHS Equality Delivery System. **Embedding of We Care / FFT:** NHS England is now calculating the FFT results as a % of respondents who would/would not recommend the service rather than the NPS. This is currently undergoing testing nationally, and therefore national benchmarking data is not yet available. However, Trust performance in both inpatient and A&E areas has deteriorated in Qtr 2 compared to Qtr 1, with the most notable rise in negative response being received in September**.** **We Care:** The tender process is concluding and a partner should be appointed to take the work forward. **Staff Survey:** Measure will be taken in October NHS staff survey with results for publishing in Jan 2015. Board has approved staff engagement as area for priority action and Chairman is leading on this work. Detailed plans yet to be agreed **Forecast:** **External Engagement:** Events will be put in place to address the cancellations. Role descriptions for 3 new public Involvement Representatives now in place. Recruitment activity ready to begin on first position. Discussions	**RED (NEW RISK)**	**AMBER**	**AMBER ~~YELLOW~~**

underway for 2nd CAEC member.			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
DIRECTOR OF STRATEGY AND CAPITAL PLANNING			**FINANCE COMMITTEE**
AO4: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will, in particular, meet the standards for emergency surgery; ensure the availability of an appropriately skilled workforce and provide safe sustainable services with consideration of access for patients and their families and visitors	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: Strategic Development to add the following risk to the register: Due to lack of management capacity there is a risk to delivering transformational change resulting in non-delivery of the efficiencies stated in the business case. **Assurance:** Good progress on the assurances with one external assurance already in place in relation to the Outpatient Consultation; work within Strategic Development to identify additional external assurances for the Clinical Reconfiguration elements.. **Performance:** **Outpatient Implementation:** Divisions are currently working to transfer OP activity from North Kent Coast to Estuary View in December 14. New models of care such as one stop clinics and extended hours will be implemented in a variety of specialties commencing with Urology at K&CH in November. **Clinical Strategy Reconfiguration and engagement:** Work continues to progress in all divisions on their pathways for the hub and base approach. Detailed analysis of activity numbers by HRG and patient morbidity is underway to understand the activity that could be undertaken at the hub and base sites and the clinical adjacencies**.** Good progress is being made with engagement. External engagement events with all CCGs, Healthwatch, partner providers and the public has commenced. Internal engagement with clinical and operational teams is also progressing with staff listening events and specific events for individual teams. **Forecast:** **Outpatient Implementation:** Final preparations for running clinics at Estuary View. Implement one stop clinics in Urology at K&CH **Clinical Strategy Reconfiguration and engagement:** Complete activity modelling for all specialties within surgery, UCLTC specialties and Women's	**None**	**YELLOW** **~~AMBER~~**	**GREEN**

and Children's activity. Agree clinical adjacencies for hub and bases. Continue with internal and external engagement and record feedback and comments. Ensure all levels of staff are included.			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
DIRECTOR OF STRATEGY AND CAPITAL PLANNING			**FINANCE COMMITTEE**
AO5: Identify and implement the commercial strategies that support the Trust to maximise its opportunities to increase revenue, grow its business in profit making areas and retain its market share.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Develop strategic plans to deliver new services in key markets **Risk:** Due to a delay in the provision of key information there is a risk to the ITT timeline resulting in project drift. This project should still be completed within the 2014/15 period. **Assurance:** Assurance level has improved and is now Yellow. Further assurance is required in relation to the Private Patient Strategy / Teaching Nursing Homes. Due to the nature of this Annual Objective it may be necessary to accept the "Yellow" status or ask FIC to recommend to IAGC that this is turned "Green". **Performance:** **Private Patients:** Work on this project is progressing to timelines and milestones are clearly defined. **Teaching Nursing Homes:** Work on this project is progressing to timelines and milestones are clearly defined **Forecast:** **Private Patients:** Work is expected to continue to meet key milestones and progress over 14/15 **Teaching Nursing Homes:** Work is expected to continue to meet key milestones and progress over 14/15 **Maintain market share for existing services and explore development opportunities for 2015/16:** **Risk:** Emerging risk relating to job plan changes and the capacity to negotiate these in a timely way.	**None**	**YELLOW** ~~**AMBER**~~	**GREEN**

Assurance: Assurances in relation to the activity are looking good for the time of year with assurance from internal and external reporting. Assurance around the sign-off of business plans is medium with external assurance from the Commissioners on the activity and as timelines and action plans for the new business progress further positive assurances will be provided. **Performance:** **Meet the planned activity in services for 2014/15:** General EKHUFT performance against plan is monitored through Management Board. Currently reporting that EKHUFT is expected to achieve planned activity over 2014/15 **Signed off business cases for orthopaedics, ophthalmology and cardiology:** Orthopaedics has been highlighted as "Amber" performance level and work continues with the division/specialty to agree the capital requirements. Ophthalmology: Working groups for each area are established and work is progressing to underline the cases for change and outline options for each specialty. Teams established for the 4 ophthalmology area: Emergency care, AMD, Paediatric - strabismus, and cataracts - to determine service reconfiguration options to address capacity and quality issues. Cardiology: Working groups for each area are established and work is progressing to underline the cases for change and outline options for each specialty. Teams established for the 4 ophthalmology area: Emergency care, AMD, Paediatric - strabismus, and cataracts - to determine service reconfiguration options to address capacity and quality issues **Forecast:** **Meet the planned activity in services for 2014/15:** EKHUFT is expected to hit internal plan over 2014/15 **Signed off business cases for orthopaedics, ophthalmology and cardiology:** Orthopaedics: Epsom elective orthopaedic unit visit organised to establish clear benchmarking data Ophthalmology: Meeting organised with Divisional and SD Leadership. Outcome will determine next steps. Cardiology: Work will continue with the goal of producing the cardiology business case to SIG Q3			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
DIRECTOR OF STRATEGY AND CAPITAL PLANNING			**FINANCE COMMITTEE**
AO6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Deliver increased efficiency and effectiveness by Implementation of systems to support delivery of patient safety, targets and patient pathways **Risk:** no corporate level risks identified so far in the process. **Assurance:** assurance looks low but there are plans in place for all system implementations which timescales and budgets, monitoring will be through Project Boards and escalation through Strategic Group (AMBER). **Performance:** **Preferred bidder in place for implementation of maternity and patient administration system**; Final moderation occurred in July, FIC approved. Bidders have been informed, and we are now currently in the cooling off period. Final presentation to Trust Board on 30th October. **18 week compliant patient administration system in place**: Project is on plan for go live by end Jan-15 **Implement baseline telecommunication infrastructure**: Equipment has been delivered. Internal phone numbers will be changing in October in preparation for going live. **Implement Electronic Patient Record in inpatients**: The Inpatient Project is currently awaiting the initial build from the supplier for Phase 1. This will deliver the ward view functionality which will be tested. The method of roll out is in the planning stages. **Deliver Clinical Workstation Plan**: This remains Amber for a second quarter: A limited pilot is running with feedback from clinicians being provided to the supplier **Forecast:** **Preferred bidder in place for implementation of maternity and patient administration system**: In the next quarter, contract will be signed and implementation project will be launched **18 week compliant patient administration system in place:** The upgrade	**None**	**YELLOW** ~~**AMBER**~~	**GREEN**

plan is for Patient Pathway Awareness training to commence in November. E-Learning on system changes is being developed for roll out in December **Implement baseline telecommunication infrastructure:** Changeover of the numbers and installation and configuration over Q3 **Implement Electronic Patient Record in inpatients:** Phase 2 of the project is also being planned and scoped **Deliver Clinical Workstation Plan:** Pilot will continue to develop with feedback to the supplier. **Deliver increased efficiency and effectiveness by improving the Trust infrastructure to ensure that the estate is fit for purpose now and in the future** **Risk:** None identified at present **Assurance:** Controls are strong and the assurance level has improved to Green with the use of external assurances from Capital Plan and those providing the Condition Risk Register. Reporting against the capital plan is embedded and the assurances in relation to the back office review are strong. **Performance:** **Monitor Capital plan - actuals against plan:** Q2 ended 5% below Monitor plan, but within tolerance limits such that an explanatory report to Monitor is not necessary **Estates redevelopment and rationalisation strategy signed off by the Board** **Deliver the back office review 2014/15 plan:** All service area reviews are on schedule according to overall programme **Forecast:** **Monitor Capital plan - actuals against plan**: Quarter 3,4 are re-profiled following decision to not centralise surgery in Q1, Forecast for Q3 is 8% above the initial plan, but this has been agreed at SIG in September, and falls within the Monitor Threshold **Estates redevelopment and rationalisation strategy signed off by the Board** **Deliver the back office review 2014/15 plan:** Work is progressing according to programme plan as signed off by the back office review group			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
MEDICAL DIRECTOR			**FINANCE COMMITTEE**
AO7: Implementation of the Research and Innovation (R&I) Strategy to increase homegrown R&I whilst continuing to support other R&I by putting the right people, processes and facilities to support these goals and through effective engagements with R&I stakeholders	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: There is a risk due to the closure of the aseptic unit on participation in cancer studies which has both a financial and reputational impact on clinical trials. Mitigation is shown on the CRR. **Assurance:** The introduction of a risk register and achievement against plans would enable the assurance level to move from "amber" to "green". **Performance:** Overall RED as one red measure "Increasing the number of Bright Ideas by 20%" **10% increase in peer-reviewed publications against 2013.14 achievement:** Reporting lag but achieved target for the first 6 months in the first quarter and so Green for Q2. **Achievement of Trust target (agreed with K&M CLRN/KSS LCRN) for CRN Portfolio recruitment** **Achieve the 15 day target for NHS R&D Approval from submission of a valid application in >80% of CRN applications:** 22 studies of which 2 outside the 15 days = 91% within the 15 day target **New metrics available to all staff via Qlikview including an innovation score:** R&D, Bright Ideas and innovation metrics already implemented on Qlikview – ACHIEVED. **Increased the number of "Bright Ideas" by 20% from 2013/14:** Currently 22 ideas submitted (full year target = 82 bright ideas). This is believed to be because of the re-invigoration of feedback mechanisms and the introduction of new feedback channels, following the CQC inspection, meaning that suggestions are being put forward via routes other than "Bright Ideas". **Forecast:** **10% increase in peer-reviewed publications against 2013.14 achievement** **Achievement of Trust target (agreed with K&M CLRN/KSS LCRN) for CRN Portfolio recruitment** **Achieve the 15 day target for NHS R&D Approval from submission of a**	**RED**	**AMBER**	**RED** ~~**GREEN**~~

valid application in >80% of CRN applications: >80% likely to be achieved again, so will be 'green' **New metrics available to all staff via Qlikview including an innovation score:** On-going work on improving engagement with Divisions on innovation scoring. Work continuing on developing corporate innovation metric. **Increased the number of "Bright Ideas" by 20% from 2013/14:** Difficult to predict			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
DIRECTOR OF FINANCE AND PERFORMANCE			**FINANCE COMMITTEE**
AO8: Engage with the Divisions to develop and provide clinical information to support strategic decision making.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: There are a number of small risks which are not on the Corporate Risk Register. Due to lack of agreement about structure of innovation centre funding with AHSN. Risk to innovation centre opening. Lack of insight into how future care might be delivered following breakthroughs in technology. Lack of reputational benefit from not opening the centre. Lack of engagement with the publishing of clinical outcomes. Less opportunity for clinical improvement by addressing key areas for concern. Key informatics staff leaving because of lack of resources and incentives Development of informatics services to help clinicians and managers. Slow down in pace and quality of informatics service to improve patient care **Assurance**: Assurance is low currently as the various assurances and controls are scheduled for a later date in this financial year. **Performance:** Performance is YELLOW due to the performance measure around having technology in place for distributing messages being in place. **Technology in place for distributing messages. Statistical processes in place for robust modelling - demonstrated working in at least one speciality:** Has been tested via a new set of conferences and peers in other trusts. Exists as a skeleton and needs writing up. A derivative was delivered at Medway Trust**.** **Launch Pilot version of 'Real-time Consultant Appraisal'.** Huge progress made. Pilot ready, opinion leaders identified. Presented at Surgery audit day.	**NONE**	**RED** ~~**GREEN**~~	**YELLOW** ~~**GREEN**~~

Scope change to include production of 'Big Number' report. **Opening the Innovation Centre for Information in conjunction with Academic Health Science Network:** Paper is ready but challenges at Management Board have delayed the progress but the timeline is still set to deliver by the end of March 2015. **Forecast**: **Technology in place for distributing messages. Statistical processes in place for robust modelling - demonstrated working in at least one speciality:** Draft document ready for IM&T **Launch Pilot version of 'Real-time Consultant Appraisal'.** Launch of beta version of Consultant Validation tool **Opening the Innovation Centre for Information in conjunction with Academic Health Science Network:** External commercial assessment to take place; risk register to be put together and business case finalised.			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
DIRECTOR OF FINANCE AND PERFORMANCE			**FINANCE COMMITTEE**
AO9: Ensure strong financial governance, agree contracts with commissioners that deliver sufficient activity and finance and support a comprehensive internal cost improvement programme where all Divisions deliver cash releasing savings schemes to deliver Trust CIP targets.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: There is likely to be a change to the financial risks affecting Trust as a consequence of the block contract for 2014/15. The divisional leadership teams have articulated the issues this poses for them and for the Trust overall. UC&LTC has seen an increase in A&E activity since the start of the financial year; this is also reflected in, Trauma and Orthopaedics, An associated risk is the middle grade rota, which is essential to support current activity. Both the Surgical and Clinical Support Divisions highlight and increased risk of the pattern of increased referrals not being managed by the CCGs. This will have a significant impact on the divisions if they are unable to income generate to off-set these additional operational costs. The impact of the “Any Qualified Provider” also considerably increases demand. **Assurance:** There is strong assurance in place through internal and external	**RED**	**GREEN** ~~**AMBER**~~	**RED**

measures. Negative performance data is understood. So this has moved from Amber to Green. **Performance:** **Achievement against CIP profile:** As reported at the 3 FIC meetings CIP's are significantly behind plan. This is due to slow delivery of procurement savings, bed closures and process re-design. As a result the Board have appointed Liz Shutler to review and support the CIP delivery in 14/15. This has helped the organisation focus on delivery but it is unlikely the organisation will reach its CIP target and this will have to be supported from unused contingency money. **Meeting planned CoSR:** COSRR of 4 has been maintained due to the positive cash position held. **Forecast**: **Achievement against CIP profile** : Although progress to close the gap is expected in the next quarter it is unlikely to close within 15% of the target by the year end. **Meeting planned CoSR:** COSRR expected to continue at 4 rating due to positive cash position			

OBJECTIVE	**OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE**		
ALL		**QUALITY COMMITTEE**	
AO10: Maintain strong governance structures and respond to external regulatory reports and guidance.	**RISK**	**ASSURANCE**	**PERFORMANCE**
Risk: The risks around Monitor governance rating in relation to the four hour wait; HCAI's and Cancer standards are well controlled with no gaps in assurance, a number of initiatives are on-going in infection control for MRSA and C.Diff. There are no reported risks in relation to Health and Safety, nor any in relation to completing external action plans, such as Francis. A risk around staff engagement / staff survey has been added. **Assurance:** The level of assurance is high but given the CQC Report findings and Monitor putting the Trust in Special Measures, it is proposed that assurance should be marked as RED and measured against performance against the HLIP. **Performance:** Performance is RED due to the failure to maintain a Governance Risk Rating of Green.	**RED**	**RED** ~~**AMBER**~~	**RED** ~~**GREEN**~~

Maintain a governance risk rating (GRR) of Green: Monitor put the Trust into Special Measures on 29 August 2014 which led to the GRR changing from GREEN to RED. There is a High Level Implementation Plan in place which was submitted to the CQC on 23 September 2014. **Deliver improvements as identified in external reports in line with the relevant action plans:** The Trusts plans are all wrapped into the High Level Implementation Plan following the CQC visit. The NHS Choices submission for September showed the Trust to be on track to deliver the priorities. However, the plans were only submitted to the CQC on 23 September. **No HSE Improvement notices:** No HSE notices in Q2 **Health and Safety training strategy programme to be in place:** The training programme is currently one month behind. **Forecast**: **Maintain a governance risk rating of Green:** It is unlikely that the Trust will move out of Special Measures in the financial year. This will mean that the Annual Objective will not be met. **Deliver improvements as identified in external reports in line with the relevant action plans:** A Programme Director and Manager will be put in place to manage the delivery of the HLIP. A Programme Board will meet monthly to review progress against the plans. **No HSE Improvement notices:** The Trust does not expect to have any HSE Improvement notices. **Health and Safety training strategy programme to be in place:** Programme is expected to be on track for Q3.			