

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS**

DATE: **24 APRIL 2015**

SUBJECT: **BOARD ASSURANCE FRAMEWORK (QUARTER 4 REVIEW)**

REPORT FROM: **TRUST SECRETARY**

PURPOSE: **APPROVAL**

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.

There are two appendices:

Appendix 1 – Summary Board Assurance Framework

Appendix 2 – Annual Report Summary

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.

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

- Agree the final RAYG ratings for each Annual Objective in terms of performance as this will be reported in the Annual Report. Appendix 2 outlines the current status based on what is currently reported in Appendix 1;
- Receive (and challenge) assurances as identified on the BAF;

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

AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust	RED	GREEN AMBER	AMBER
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	None	GREEN YELLOW	GREEN
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	GREEN YELLOW	GREEN
AO6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects.	None	GREEN YELLOW	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	GREEN AMBER	GREEN RED
AO8: Engage with the Divisions to develop and provide clinical information to support strategic decision making.	NONE	GREEN RED	YELLOW RED
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

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’S that do not have any risks associated with them would provide a better understanding of how robustly the AO is reviewed and the level of assurance

received by the Board.

All 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. All AO's have received "GREEN" in terms of assurance and this provides a source of assurance to the Accounting Officer in signing the Annual Governance Statement.

The level to which each AO has been achieved is reported in Appendix 2.

The Board would usually 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.

Due to the timings of both the IAGC and FIC this was not possible for this quarter and therefore, a deeper discussion about the AO's may be required in relation to the AO's that FIC own.

RECOMMENDATIONS:

The Board is asked to:

- Seek assurances from the Board Committees which have reviewed the BAF; and
- Agree both the Assurance and Performance RAYG's as these have an impact on the Annual Report / Annual Governance Statement.

NEXT STEPS:

The outcome will be reported in the Annual Report and Annual Governance Statement.

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:

N/A.

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 FOUR

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			
AO8: Information: Engage with the divisions to develop and provide clinical information to support strategic decision making.	X			X		X
AO9: 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

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
<p>Patient Experience Risk: The patient experience risk has remained stable and current performance may be indicative of the work around complaints over the last quarter.. Assurance: Assurance around the patient experience risk is Green and the Board has clear sight over metrics and an internal audit has provided the external assurance in relation to complaint handling. Performance: YELLOW although one RED in relation to improvement in the inpatient survey. Increase the % of positive feedback received by the Complaints team by 10%: (GREEN) The Trust received 6609 compliments in quarter 1, 8862 in quarter 2, 7756 in quarter 3 and 8633 in quarter 4 (a total of 31,860). The Trust received 17,076 compliments in 2013-14. The Trust has therefore increased the number of compliments for the year by 86% and has achieved the 10% increase; Meet the national net promoter scores for the Friends and Family Test : Reduce the number of PHSO referrals upheld by 10% against 2013/14: (YELLOW) The Trust received 32 referrals from the PHSO in 2013-14. 9 of these were upheld and 13 were not upheld. The remaining referrals were either premature or are still active cases under investigation. The Trust is therefore working on a baseline of 40%. To achieve target the Trust needs to reduce the number of complaints upheld by the PHSO by 10%. In 2014-15 the Trust has received 27 referrals from the PHSO; 1 was premature and has been withdrawn. Out of the 26 remaining cases, 17 are still active cases under investigation. Out of the remaining 9 cases, one was upheld, two were partly upheld and 6 were not upheld by the PHSO. It is therefore difficult to determine at this stage if the Trust will achieve the target, however, of those that have completed so far 66% have been not upheld. Maintain the 85% standard for responding to complaints: (YELLOW) The % of complaints responded to within the agreed timescale was 82% in quarter 1, 76% in quarter 2, 85% in quarter 3 and 74% in quarter 4. The overall % rate</p>	RED	GREEN	YELLOW

for 2014-15 is 79%. The Trust has not therefore achieved this metric.
Improve the inpatient food survey (internally run): (GREEN) Nursing staff have taken ownership of these feedback scores over the last few months and discuss their individual ward results at their respective site and divisional meetings. Serco catering staff review all results and work in partnership with nursing on reviewing any poor results. An area of concern is maintaining these results above 70%. Nursing and Catering staff will continue to work together on these over the coming year.

Ensure that 85% of patients report a good or better experience of pain management: (RED) The Trust received 34 complaints regarding pain management during 2013-14. The Trust received 35 complaints regarding pain management during 2014-15. The Trust has not therefore achieved this metric.

Patient Safety

Risk: Both the HCAI risk and Sepsis risk are well controlled with high and medium level controls in place.

Assurance: Both risks have a high level of assurance with external input which results in a "Green" status.

Performance: Performance is showing as RED to highlight that at least one of the performance metrics has been RAG rated as RED. In this case it is the metric around Duty of Candour and work within the Risk, Governance and Patient Safety Directorate should ensure that this position improves for year end.

HSMR (GREEN) the availability of the HMSR calculation has not been available for much of this financial year because of the change to CHKS. The year end position will not be available until the end of the next quarter. The most current HMSR, which was for December 2014, was 78.4.

Sepsis: (GREEN) Audits completed at QEQM & WHH. Improvements required in key areas. The Trust has participated in national confidential enquiry.

Reduce the level of harm by 10%: UK Trigger tool data is published on the Trust's Qlikview information system. However, the data is currently incomplete

for 2014 due to a backlog of case reviews which is slowly being addressed by site based teams. The rate of harm (per thousand bed days) remains within acceptable standard process control limits. Themes that are highlighted and require further investigation for potential improvement include:

- (a.) lack of observations or response to Vital Pac data in the deteriorating patient;
- (b.) complication resulting from a procedure or care given;
- (c.) patient falls (includes out of hospital falls);
- (d.) readmission to hospital within 30 days (e.) drugs not being available;
- (f.) medicines reconciliation not taking place within 24hrs of admission.

HCAIS: (GREEN) There have been no avoidable MRSA bacteraemia assigned to EKHUFT in Qtr 4; 14-15 Total stands at 1 Trust assigned MRSA bacteraemia, against a requirement to deliver zero tolerance on MRSA blood stream infections. The end of year total for C. difficile was 47 cases against a target of 47. RCAs are being completed for E. coli bacteraemia occurring within 30 days of surgery (2014/15).

Falls: (GREEN) Trust performance is below national falls rate per 1,000 bed days. A 25% reduction in falls with harm has been achieved.

Pressure ulcers: (GREEN) Number of avoidable hospital acquired category 2 pressure ulcers has reduced by 33% against a target of 25%. The number of Category 3 & 4 avoidable hospital acquired pressure ulcers has reduced by 59% against a target of 50%.

Duty of candour: (RED) Clear advice and support to clinicians is available; however the recording of Duty of Candour is not consistently recorded on Datix. This statutory requirement may be occurring with patients, but it is the consistency around the recording that requires further work. Quarter 4 performance is still being calculated

Clinical Effectiveness

Risk: The Trust is finalising the six-monthly review into nurse staffing and acuity; the results of which was presented at the BoD in January 2015. This includes a review of specialist areas as well as general ward based. The vacancy rate for each professional group is being monitored as part of the CQC Improvement Plan and there are targets agreed for each profession and

for key specialty areas e.g. A&E, paediatrics and non-obstetric ultrasound. This will be reported at the monthly Monitor performance review meeting. The Trust is 85% through the £2.9 million investment into staffing, which was approved at the Board in November 2013.

Assurance: Assurance is GREEN as there is high visibility of vacancy rates and use of locums through Committees. Information is also provided at the Progress Review Meeting with Monitor to provide external assurance and challenge.

Performance:

CQIUNS: (YELLOW) RAG rating applied is indicative of the % of programme likely to be achieved by Qtr 4. Current key risks are:

1. COPD referral rates - level of improvement uncertain
2. Falls risk assessments measure of the NHS Safety thermometer achieved 42% against a target of 50% .

Staffing levels: (YELLOW) The slight reductions seen in December and February reflect the requirement for additional shifts during winter pressures not always being filled by NHSP. The reduction in March reflects annual leave taken at year end. All sites have >90% fill rates

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
<p>Risk: The use of unplanned beds impacts on the cost base as well as the ability to make changes to pathways.</p> <p>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.</p> <p>Performance: Progress against metric: The year-end forecast remains a shortfall of £1.4m against the £3.5m efficiency target. The £2.1m identified will be fully achieved by 31 March 2015.</p>	RED	GREEN	AMBER

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
<p>Risk: The objective to improve the overall score in the staff survey is not likely to be met. The We Care programme has been established for two years and the next step is to commission the services of a partner to support the next steps in the programme. The "delivering our cultural change" was initiated in September 2014. It is anticipated that the programme will take between 18-24 months to complete, but a diagnostic phase is required in order to guide the specific work streams. A preferred supplier has been identified and a culture change programme manager recruited. The programme of staff listening exercises will continue and a revised raising concerns policy approved.</p> <p>Assurance: There is a good level of assurance and as staff engagement and culture forms a key part of the CQC Improvement Plan additional assurance is now being received through the Progress Review Meetings with Monitor, so remains as GREEN.</p> <p>Performance: AMBER due to poor performance in the annual staff survey and specifically the staff friends and family components</p> <p>External Engagement: (YELLOW) 2 new members recruited for Falls Steering group and 2 new members for R&D committee; 2 outcomes assessed at 25/1/15 meeting; and 10 additional VCO's represented at meeting on 25/1/15.</p> <p>Embedding of We Care / FFT: (YELLOW) The trust received 93% recommendation from patients who recommend the trust to receive care. National benchmark is not yet available..</p> <p>We Care: (GREEN) We care has been incorporated with the Trust's cultural change programme.</p> <p>Staff Survey: (RED) Staff engagement score has declined from 3.63 in 2013/14 to 3.59 in 2014/15. Significant work is being undertaken as part of the Cultural Change Project to improve the staff survey engagement score next year</p> <p>Improve Friends and Family Test element in the Staff Survey: (RED) There was a decline in the number of staff who would recommend the trust for treatment from 78% to 72% in 2014/15. There was also a decline in staff who</p>	RED	GREEN AMBER	AMBER

would recommend the trust as a place to work from 55% to 47% in 2014/15.



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
<p>OUTPATIENT STRATEGY</p> <p>Risk: Discussions taking place to describe the risks around job planning: 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.</p> <p>Assurance: Good progress on the assurances with one external assurance already in place; work within Strategic Development to identify additional assurances.</p> <p>Performance: Remains has moved from GREEN to YELLOW as there has been a delay due to time required to agree changes to job plans..</p> <p>Outpatient Implementation: (YELLOW) The move of the North Kent Coast clinics to Estuary View has gone well and is delivering an improved patient experience and all who visit are pleased with the service. From the 1st April the strategy intended to deliver an extended working day and one stop clinics. This has been delayed by agreement of changes to consultant job plans. Work is continuing to ensure this happens. One stop clinics are happening and with the completion of refurbishment at KCH increasing in some areas. The delay of the Dover build has meant the transfer of Deal clinics has also been delayed.</p> <p>CLINICAL STRATEGY (GREEN)</p> <p>Risk: no risks currently identified.</p> <p>Assurance: An improved level of assurance which will increase as the public engagement strategy is put in place with monitoring.</p> <p>Performance: Remains Green although there was a slight slippage in performance in relation to the milestones for the Clinical Strategy.</p> <p>Clinical Strategy Reconfiguration and engagement: Work is continuing at pace to complete an in-depth acuity analysis which will inform the capacity of</p>	None	GREEN	GREEN

the HR&EH and the base sites depending on the preferred option. This is due by the end of April. Medicine are currently agreeing their model for the next 5 years and the risks. Public Consultation has been postponed until September 2015 because of external visit in July. Engagement continues with all staff, clinicians, CCGs and public. It has been noted that despite significant events the messages are not reaching some fontline ward staff and administration. A plan for this is being put into place. A contract with Healthwatch for public engagement has been agreed however progress is slow and purdah has now been implemented.

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
<p>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 is amber but has improved with additional assurances identified in Q2. Strategic Development is looking at additional assurances to provide to the Board. Performance: Remains green with all elements of the projects on track. Private Patients: (GREEN) The ISFT has been issued as per the revised timelines, which were agreed following the initial delay in the process Teaching Nursing Homes: (GREEN) Work on this project is progressing to timelines and milestones are clearly defined. The Business Case has reached a stage where input from someone with expertise on the nursing home market is required. A specification for consultancy services is being prepared and a tender will be issued next quarter</p> <p>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. 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: Performance remains GREEN although there has been slight slippage around delivery of the business cases but this is not expected to have a negative impact on the overall achievement of this annual objective.</p>	None	GREEN YELLOW	GREEN

<p>Meet the planned activity in services for 2014/15: (GREEN) performance against plan is monitored through MB. Currently reporting that the Trust has, overall, achieved planned activity over 2014/15. However, within the overall picture Outpatients and Elective Inpatients has under-achieved against plan, while Daycase and A&E activity has over-performed.</p> <p>Signed off business cases for orthopaedics, ophthalmology and cardiology: (YELLOW) Orthopaedics: Discussions still underway as part of future models of care for long term clinical strategy. An analysis and an outline of costs have been identified on range of options of theatres /beds.</p> <p>Ophthalmology: Ophthalmology Business Case first draft is complete. Ophthalmology Business Case approved at April 2015 Management Board.</p> <p>Cardiology: Cardiology Business Case has been agreed in principal by an Extra Ordinary EMT in December 2014</p>			
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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
<p>Deliver increased efficiency and effectiveness by Implementation of systems to support delivery of patient safety, targets and patient pathways</p> <p>Risk: no corporate level risks identified so far in the process.</p> <p>Assurance: Assurance has moved to GREEN with external assurances in place relating to the sign-off of the SACP business case.</p> <p>Performance: Performance has slipped in two areas; implementation of Electronic Patient Records and the Clinical Workstation Plan.</p> <p>Preferred bidder in place for implementation of maternity and patient administration system; (GREEN) Contract signature waiting for MTW approval to proceed by TDA.</p> <p>18 week compliant patient administration system in place: (GREEN) The Patient Administration Review (PAR) Steering Group agreed in November that the project would aim to go live in Mar-15 which it did..</p> <p>Implement baseline telecommunication infrastructure: (GREEN) The system is now live with Estuary View the first site, followed by RVH and the Patient Administration Centre. The roll out to the whole Trust will take approximately 12 months.</p> <p>Implement Electronic Patient Record in inpatients:(AMBER) The system has now been delivered in testing by the supplier. Early feedback is very positive. It is based on the same approach taken to the A&E system which allows for integration between the two..</p> <p>Deliver Clinical Workstation Plan (AMBER) The system has been accepted with some outstanding remedial actions from the supplier. A roll out approach is now being developed.</p> <p>Deliver increased efficiency and effectiveness by improving the Trust</p>	None	GREEN YELLOW	GREEN

infrastructure to ensure that the estate is fit for purpose now and in the future

Risk: None identified at present

Assurance: Assurance level has remains 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: Performance remains GREEN with all elements on track for delivery.

Monitor Capital plan - actuals against plan: (GREEN) Capital Plan delivered for 2014/15 currently forecast to be £140,000 overspent which is within monitored parameters.

Estates redevelopment and rationalisation strategy signed off by the Board – (GREEN) COMPLETED

Deliver the back office review 2014/15 plan: (GREEN) All service area reviews complete according to overall programme. Benchmarking of all corporate areas being undertaken with NHS Benchmarking Services with results due to be published in June 15.

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
<p>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.</p> <p>Assurance: The introduction of a risk register and monitoring within the R&D Committee against has moved assurance from “amber” to “green”.</p> <p>Performance: Overall GREEN with one red measure “Increasing the number of Bright Ideas by 20%” has not met the quarter’s target.</p> <p>Baseline £1.53m - increase of £0.66m for 2014/15: (GREEN) Target was to increase R&D income from grants, awards and Industry study activity (excludes CRN KSS-related income & Research Capability Funding) by 30% over 3 years to end-March 2016, compared to baseline of 3 years to end-March 2013. Baseline = £1.53m. Income over 2 years to end-March 2015 is £2.48m i.e. at 59.7% increase over baseline within 2 years</p> <p>10% increase in peer-reviewed publications against 2013.14 achievement: (GREEN) YTD target is 51. Total for Q1 to Q4 is 104.</p> <p>Achievement of Trust target (agreed with K&M CLRN/KSS LCRN) for CRN Portfolio recruitment: (GREEN) Recruitment to year end is 2109 (provisional figure) vs YTD to end Q4 of 1800 = 117% of target</p> <p>Achieve the 15 day target for NHS R&D Approval from submission of a valid application in >80% of CRN applications: (GREEN) 9 studies, of which none outside 15 days = 100% within target.</p> <p>New metrics available to all staff via Qlikview including an innovation score: (GREEN) R&D, Bright Ideas and innovation metrics already implemented on Qlikview – ACHIEVED.</p> <p>Increased the number of "Bright Ideas" by 20% from 2013/14: (RED) Currently 53 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,</p>	RED	GREEN AMBER	GREEN RED

meaning that suggestions are being put forward via routes other than "Bright Ideas". Metric considered redundant in year.



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
<p>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.</p> <p>Assurance: Assurance has moved to GREEN with external assurance provided by KPMG..</p> <p>Performance: Performance is YELLOW with one RED due to the delay in approving the business plan for the Innovation Centre. This may not deliver in 2014/15 but should be open in the first quarter of 2015/16.</p> <p>Technology in place for distributing messages. Statistical processes in place for robust modelling - demonstrated working in at least one speciality: (GREEN) Rolled out to Oncology and possibly A&E.</p> <p>Launch Pilot version of 'Real-time Consultant Appraisal' (GREEN) Pilot working in Surgery with leads also identified in other divisions..</p> <p>Opening the Innovation Centre for Information in conjunction with Academic Health Science Network: (RED) Approved at January board of EKHUFT and KSS AHSN. Waiting on second round approval of governance arrangements.</p>	NONE	GREEN RED	YELLOW RED

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
<p>Risk: Full plan for 2015/16 to be submitted to March 2015 F&IC. Merging the resources of the Programme Office with the Service Improvement team to explore and develop a wider, more effective range of CIP schemes. Likely to benefit from the arrangements being made with CCGs Performance monitored at monthly meetings and recovery plans produced to confirm full achievement at year end. The focus of control is around ongoing project review and scrutiny from Trust committees and expert technical departments. New Project Management system introduced.</p> <p>Assurance: There is strong assurance in place through internal and external measures. Negative performance data is understood.</p> <p>Performance: Performance shows as AMBER as one measure is not met and has been highlighted for further discussion.</p> <p>Achievement against CIP profile: (RED) As reported at the previous FIC meetings CIP's are significantly behind plan. This is due to slow delivery of workforce, procurement savings, bed closures and process re-design. As a result the Board appointed Liz Shutler to review and support the CIP delivery in 14/15. This has helped the organisation focus on delivery but the organisation will not reach its CIP target and this will have to be supported from unused contingency money.</p> <p>Meeting planned CoSR: (YELLOW) COSRR Score has slipped to 3 due increased cost of winter and RTT compliance expenditure.</p>	RED	GREEN	AMBER RED

Annual Objective	Sub-Objective	Full	Good	Partial	None
AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care	Improving the care of clients who raise concerns or complaints and increase the number of compliments received		★		
	Listening and Learning from patient experience			★	
	Improving the essential aspects of nursing care focussing on pain management, nutrition and hydration			★	
	Improve patient safety and reduce harm		★		
	Delivering the CQUINS Programme (national / local and specialist) collaborating with the Service Improvement Team and KCHT		★		
	Ensuring staffing levels are in line with the agreed plan		★		
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.	Implement the elective and emergency pathways to enhance patient care and quality whilst maximising efficiency			★	
AO3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in the Trust	Improve engagement internally and externally by with the public, patients and staff including in the first year implementation of the NHS Equality Delivery System			★	
AO4: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will, in particular, meet the	Develop and implementation plan based on the outcomes from the outpatient consultation and implement the elements in the 2014/15 plan		★		

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/visitors.	Develop a consultation programme for Clinical Strategy reconfiguration to deliver safe, sustainable services for the next 5-10 years; and maintain stakeholder engagement as required for outputs from the long term clinical strategy	★			
Annual Objective	Sub-Objective	Full	Good	Partial	None
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.	Develop strategic plans to deliver new services in key markets.	★			
	Maintain market share for existing services and explore development opportunities for 2015/16.	★			
AO6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects	Deliver increased efficiency and effectiveness by Implementation of systems to support delivery of patient safety, targets and patient pathways		★		
	Deliver increased efficiency and effectiveness by improving the Trust infrastructure to ensure that the estate is fit for purpose now and in the future	★			
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	Meet the agreed target from K&M CLRN / KSS for CRN Portfolio recruitment	★			
	Increase the level of research funding	★			
	Increase the level of peer-reviewed publications;	★			
	Increase the level of research the Trust takes part in	★			
	Increase internal innovation by increasing the number of Bright Ideas coming through			★	

R&I stakeholders	for review and implementation				
AO8: Engage with the Divisions to develop and provide clinical information to support strategic decision making.	Develop a method for presenting, predicting and pushing outcomes to clinicians;	★			
	Introduce clinical performance measurement for the purposes of consultant appraisal to support revalidation;	★			
	Open the Innovation Centre for Information in conjunction with the Academic Health Science Network			★	

Annual Objective	Sub-Objective	Full	Good	Partial	None
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.	Meeting the financial statutory duties and delivering the Monitor Plan		★		
	Delivering the Trusts Cost Improvement Programme				★