

**EAST KENT HOSPITALS UNIVERSITY
NHS FOUNDATION TRUST**

**BOARD ASSURANCE FRAMEWORK
(SUMMARY)**

2014-15

QUARTER ONE

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
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
<p>Patient Experience Risk: The CQUIN risk, although not directly relevant to the performance measures, is relevant as it is about ensuring patients have a good experience and effective treatment. No other risks have yet been identified. 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.</p> <p>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)</p> <p>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.</p> <p>"The Trust received a total of 60 complaints regarding either the lack of/inappropriate pain management or nutrition during 2013-14. The Trust received a total of 13 complaints regarding the same during Quarter 1 of</p>	AMBER	AMBER	<p>RED</p> <p>Subsection Split:</p> <p>Patient Experience: Yellow</p> <p>Patient Safety: Red (1 item RED)</p> <p>Clinical Effectiveness: Amber</p>

<p>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"</p> <p>Forecast: Sustained improvement is forecast for the % positive feedback received.</p> <p>Improvements are forecast around the net promotor scores.</p> <p>Reduction of upheld PHSO referrals will be seen as a result of improvements in thoroughness and appropriateness of responses.</p> <p>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.</p> <p>Sustained improvement is forecast in the area around complaints relating to pain management, nutrition and hydration.</p> <p>Patient Safety</p> <p>Risk: The Parliamentary and Health Service Ombudsman (PHSO) published a report into the wide national variations in the management of severe sepsis nationally. The report "Time to Act – severe sepsis: rapid diagnosis and treatment saves lives". The Trust has participated in the recent National Severe Sepsis and Septic Shock audit (A&E), the results of which are expected in May 2014. It is possible that the Trust will not be compliant fully with the standards for the treatment of severe sepsis published by the College of Emergency Medicine. A recommendation from the PHSO's report is that these increased risks should be reflected in the Trust's risk register.</p> <p>The data collection for the National Confidential Enquiry into Patient Outcome and Death Sepsis Study also commences in May 2014. The study aims to identify and explore avoidable and remediable factors in the process of care for patients with known or suspected sepsis. The Trust will be participating in this study; the results are not however expected until autumn 2015. In the interim, the Trust is identifying professional activities (PA) time for a designated clinical lead for sepsis and is in the process of reviewing the RCAs undertaken over the past two year period as a thematic analysis to identify gaps in the clinical pathways of care. The clinical audit programme for the</p>			
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<p>Trust for the 2014/15 financial year is being updated by the divisions to take account of this Report and the results of the thematic analysis, when this is complete. This risk was discussed at the RMGG in May and since this meeting, the inaugural meeting of the multi-disciplinary Trust Sepsis Collaborative has taken place. Planning and actions corporately and locally were identified and a date for the next meeting identified.</p> <p>The HCAI risk is well controlled with high and medium controls in place. Assurance: The risk has high level assurance and requires positive performance to ensure that this moves to "yellow".</p> <p>Performance: 2013-14 Year End HSMR was 82.1 (Balanced Scorecard). So far only Additional April activity has been added (80.4 in month), lowering the 12 month rolling average to 81.8. Sepsis Group is meeting. Standards Compliance Target is 80% within 4 Hours, 100% within A&E. Audit has not yet taken place in this year, so there is no measure in Q1.</p> <p>There were 15 post 72hr cases of C. difficile for Quarter 1 against a trajectory of 11. An MRSA bacteraemia occurred in June and following the Post Infection Review (PIR) was assigned to EKHUFT and deemed to be avoidable. An additional case occurred in May and was provisionally assigned to Thanet CCG. This case has been referred for arbitration on the grounds of the patient having an "intractable" infection. The result of the final assignment will be known later this month (July). This is likely to be either to a third party or Thanet CCG. With regard to E. coli bacteraemias, RCAs are now being completed for those occurring within 30 days of surgery (2014/15).</p> <p>There were 3 falls with harm in Q1 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)</p> <p>Incidence of avoidable category 2, 3 and 4 pressure ulcers is meeting improvement trajectory with 23 in Q1 against a year end maximum of 99. The target reduction of avoidable deep ulcers is being met with 3 in Q1 against a year end maximum of 28. However, the target reduction of avoidable category</p>			
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<p>2 ulcers is not being met with 20 in Q1 against a year end maximum of 71.</p> <p>Regarding openness and transparency; for Q1, 112 informed / 206 applicable , 54%. Difficult to baseline as in the previous year the feedback field was not mandatory, however now staff has to answer whether the patient / family have been contacted. For Serious Incidents reported on STEIS (Severe harm, death and Never Events) 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.</p> <p>Forecast: CDIFF/MRSA: A recovery plan is in place including the implementation of Hydrogen Peroxide vapour system (HPV) for high level disinfection of clinical areas Trust wide as appropriate. In addition, the IPCT are implementing the HOUDINI protocol to improve the management of urinary catheters with regard to strict criteria for insertion and removal which will be audited.</p> <p>33 wards have returned action plans with an increased focus on improving evidence of repositioning to reduce avoidable category 2 heel ulcers. Further urgent actions are being undertaken by The Pressure Ulcer Steering group and Deep Ulcer Task and Finish Group. This includes the implementation of a new protocol for 'Intensive Investigations' for high risk areas to ensure clinical teams are supported to make the necessary improvements. This will be rolled out Trust wide in response to agreed triggers and monitored closely.</p> <p>The 'Think Heel' campaign actions are proving successful with a reduction in heel pressure ulcers by over 50% this quarter. Also being introduced next quarter is a dedicated Pressure Ulcer Panel of Senior Nurses. All deep pressure ulcer investigations will be presented to the Pressure Ulcer Panel, assuring a robust process of accountability and learning at the frontline. As these actions become further embedded in practice, we expect to see a greater reduction of avoidable pressure ulcers in subsequent quarters.</p>			
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Clinical Effectiveness

Risk: 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

Assurance: Amber assurance until performance provides positive results as well as the need for some external assurance which may be provided by Commissioners.

Performance: 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.

The Trust is achieving >90% fill rates. June performance was lower than May and is influenced by vacancies and sickness rates.

Forecast: A recruitment plan is currently being implemented to address staffing levels.

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 risk around unplanned use of extra beds is well managed internally, further work has been identified but this also requires support and action from primary care and community care.</p> <p>Assurance: Although the assurance level is amber there are strong controls in place and once positive figures are received the level of assurance will increase. An internal or external audit would ensure the assurance level reaches green at an early stage.</p> <p>Performance: Project Timescales have been slightly delayed as more detailed analysis was required before key projects could be signed off by Divisional Directors (Internal Waits) Project Briefs completed & agreed - £1.8m efficiency confirmed, plus £834k awaiting approval (£2.6m to date). £3.5m target has increased to £5.5m as of 1/6/14, following the decision to include the £2m SLR target with Transformation Programme. Divisions have identified 7-9 SLR schemes for review; SLR project team approach being developed Quality Impact Assessments completed for all confirmed projects and underway for schemes 'in development'.</p> <p>Forecast: 3 of 4 Divisional working groups are now established (UCLTC being established), so progress expected to be on target, by next quarter Schemes to be identified for £5.5m (financial phasing agreed). Q2 contributions expected to be achieved.</p>	AMBER	AMBER	RED

OBJECTIVE	OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE		
DIRECTOR OF HUMAN RESOURCES AND CORPORATE AFFAIRS	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: There are two risks being assessed: one in relation to the engagement of staff in the normal business processes such as annual planning; the other in relation to having a signed-off business case to approve funding required to implement We Care.</p> <p>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.</p> <p>Performance: Project Timescales have been slightly delayed as more detailed analysis was required before key projects could be signed off by Divisional Directors (Internal Waits) Project Briefs completed & agreed - £1.8m efficiency confirmed, plus £834k awaiting approval (£2.6m to date). £3.5m target has increased to £5.5m as of 1/6/14, following the decision to include the £2m SLR target with Transformation Programme. Divisions have identified 7-9 SLR schemes for review; SLR project team approach being developed Quality Impact Assessments completed for all confirmed projects and underway for schemes 'in development'. Forecast: 3 of 4 Divisional working groups are now established (UCLTC being established), so progress expected to be on target, by next quarter Schemes to be identified for £5.5m (financial phasing agreed). Q2 contributions expected to be achieved.</p>	NOT YET ASSESSED	AMBER	YELLOW

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>Delivery of Outpatients Strategy Risk: None currently identified but Strategic Development will be looking at the cultural changes risk as well as seeking clarity around the readiness of Buckland prior to March 2015. Assurance: Good progress on the assurances with one external assurance already in place; work within Strategic Development to identify additional assurances. Performance: Trust and CCG Boards have approved the OP consultation recommendation outcome to reduce to 6 Outpatient sites with a preferred option of Estuary View as the North Kent site. 6 months' notice has been given to W&T, Faversham and Herne Bay. Work has commenced to plan one stop clinics and adjust job plans to accommodate other OP changes. Forecast: Work is progressing according to plan.</p> <p>Develop a consultation programme for Clinical Strategy Risk: no risks currently identified. Assurance: Limited assurance at this stage but work on this, especially progress against plan, will increase the Board assurance through the dedicated work stream and individuals tasked with delivery. Performance: Work is well underway with all divisions to design future pathways to facilitate a single emergency and high risk hospital. CEO has written to all clinicians describing the direction of travel and time scale. Internal engagement has now been planned with diary dates agreed. External stakeholder events planned for September and October. Forecast: Work is progressing according to plan.</p>	None	AMBER	GREEN

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: No risks have been identified at this point Assurance: Assurance level is amber due to the early stages of the project and no clarification on positive achievements. The Strategic Development team is looking at additional assurances to provide to the Board. Performance: Work on this project is progressing to timelines and milestones are clearly defined. Forecast: Work is expected to continue to meet key milestones and progress over 14/15.</p> <p>Maintain market share for existing services and explore development opportunities for 2015/16. Risk: None identified at this time 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: General EKHUFT performance against plan is monitored through CPMT. Currently reporting that EKHUFT is expected to achieve planned activity over 2014/15. Business Cases: 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 areas: Emergency care, AMD, Paediatric - strabismus, and cataracts - to determine service reconfiguration options to address capacity and quality issues</p> <p>Forecast: EKHUFT is expected to hit internal plan over 2014/15. Work will</p>	None	AMBER	GREEN

continue with the goal of producing the cardiology business case to SIG Q3; and orthopaedic strategic outline proposal for board in Q3.			
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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 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.</p> <p>Performance:</p> <p>Final moderation due 23rd July - FIC approval to follow for the implementation of maternity & PAS system.</p> <p>18 Week compliant PAS Project is on plan for go live by end Jan-15</p> <p>Telecoms Procurement process has been completed, finalised order for telephony system to be placed in July -14</p> <p>Electronic Patient Records - Currently in the planning phase of this project - milestones in 2014-15 will be to develop & pilot IP EPR as a proof of concept on a surgical ward.</p> <p>Delivery of the Clinical Workstation: The current plan is to deliver a pilot in September. This is later than originally planned. Supplier has been challenged to demonstrate the final version of the product to our satisfaction.</p> <p>Forecast: Maternity / PAS contract to be negotiated after internal approval</p> <p>18 week PAS Project is on plan for go live by end Jan-15 Next quarter will involve planning of the rollout of the telephony system.</p> <p>Currently in the planning phase of this project - milestones in 2014-15 will be to develop & pilot IP EPR as a proof of concept on a surgical ward.</p> <p>The pilot Clinical Workstation is well defined and will be evaluated.</p>	None	AMBER	GREEN

<p>Deliver increased efficiency and effectiveness by improving the Trust infrastructure to ensure that the estate is fit for purpose now and in the future</p> <p>Risk: None identified at present</p> <p>Assurance: Controls are strong and so strong assurances should follow. Assurance is currently indicating Amber but this will increase as performance against objectives shows that the assurances in place are working. All areas have some form of assurance.</p> <p>Performance: Capital plan delivery is on target for Q1. Estates Strategy on target to present recommendations to the board in December 2014. First market open day with potential partner developers held 30-Jun. All service area reviews are on schedule according to overall programme</p> <p>Forecast: Quarter 2,3,4 of the Capital Plan are re-profiled following decision to not centralise surgery in Q1 Work is progressing according to plan on Estates Redevelopment and Rationalisation Strategy. Work is progressing according to programme plan as signed off by the back office review group.</p>			
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OBJECTIVE	OVERVIEW OF RISK, PERFORMANCE AND ASSURANCE		
MEDICAL DIRECTOR	FINANCE COMMITTEE		
A07: 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 which has reduced the risk to "8".</p> <p>Assurance: The introduction of a risk register and achievement against plans would enable the assurance level to move from "amber" to "green".</p> <p>Performance: Increase of research inputs reporting annually. YTD publications target is 12.75; Q1 publications = 31. April & May recruitment</p>	YELLOW	AMBER	GREEN

<p>target = 264 vs. target 300 = 88%. Recruitment data will always be >30 days in arrears. 17/21 studies (81%) approved within 15 days, exceeding the 80% target. R&D, Bright Ideas and innovation metrics already implemented on Qlikview. Based on comparison with last year the Bright Ideas improvement performance is currently on track</p> <p>Forecast: Publications target already achieved target for Q2 as well so will be 'green'. Recruitment likely to remain >90% so will be 'yellow'. 15 day target is likely to be achieved again, so will be 'green'. On-going work on improving engagement with Divisions on innovation scoring. Work continuing on developing corporate innovation metrics. Difficult to predict but no reason to assume the current level of bright ideas should drop.</p>			
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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: Opening an innovation centre in this way, though supported in principle by the Trust and by the AHSN, is new in terms of organisational structure. It implies potentially complex financial and governance arrangements which will need to be worked through. This is an exciting development for the trust and will bring significant reputational benefit but because it does not refer to a burning platform there is a risk that it simply does not happen.</p> <p>Assurance: The work of the Informatics team is assured through a number of routes. Strategically it is managed via the IM&T board which, it is proposed, would directly oversee the development of the innovation centre. The FIC receives the activity-related analysis that this team produces. CMB would be asked to assure the development of a consultant appraisal tool.</p> <p>Performance: Distributing Messages: Framework in place, simply needs time to write up. Has been presented widely through the AHSN and a number of national conferences. The objectives that then flow from the strategy need project plans associated with them. Real-Time Consultant Appraisal: Significant clinical engagement will be needed to achieve this with sign off via Medical Director and through CMB.</p>	YELLOW	GREEN	GREEN

<p>Aim to 'start low' with improvements to data quality made by giving clinicians access to their electronic records more easily. Innovation Centre for Information: Papers likely to go to boards of AHSN and EKHUFT which both require investment.</p> <p>Forecast: Distributing Messages: Framework Draft document produced ready for taking to IM&T board. Real-Time Consultant Appraisal: Timing will depend on EPR strategy. Innovation Centre: Next quarter will be crucial in getting decision from boards on both sides.</p>			
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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: 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 a 5.8% increase in A&E activity since the start of the financial year; this is also reflected in, Trauma and Orthopaedics, Rheumatology, and Neurology. An associated risk is the middle grade rota, which is essential to support current activity. There are a large number of vacancies which are being covered with agency staff. This has driven a corresponding increase in agency costs. This risk is being mitigated by a recruitment plan and the divisions have appointed some overseas personnel. The current immigration processes will result in a delay of three to four months.</p> <p>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</p>	RED	AMBER	RED

<p>generate to off-set these additional operational costs. The impact of the “Any Qualified Provider” also considerably increases demand.</p> <p>Assurance: There are strong controls which will ensure that the level of assurance throughout the year will continue to increase by providing actuals against performance. It would benefit from external / internal assurance.</p> <p>Performance: CoSRR has been maintained due to the positive cashflow held (green for performance); as reported at the June FIC, CIP's are significantly behind plan this is due to slow delivery of procurement savings, bed closures and process redesign. As a result the Board have appointed Liz Shutler to review and support the CIP delivery in 2014/15 it may take until Q3 to turn the position around (red for performance).</p> <p>Forecast: CoSRR is expected to continue at 4 rating due to a positive cashflow position; although progress to close the gap for CIPs in the next quarter it is unlikely to close within 15% of the target at this point.</p>			
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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
<p>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 risk in relation to Health and Safety, nor any in relation to completing action plans.</p> <p>Assurance: The level of assurance is good but required a couple more “medium” level assurances or an external / internal audit to improve the situation.</p> <p>Performance: : Monitor rated Trust Governance Green in Q1. The Francis Action Plan is on target for completion as agreed. Some dates have been changed to accommodate the level of work required; this was agreed with the Board. The CQC action plan is being drafted and is on target to be presented at the Quality Summit on 10 July 2014. There is no associated budget with the Francis Action Plan. The budget for the CQC action plan is currently being reviewed and agreed. No HSE notices received in Q1, and scoping exercise is being undertaken with H&S team.</p>	RED	AMBER	GREEN

Forecast: Continue to expect Monitor to rate Trust Green in Q2. The main bulk of actions have been completed for the Francis Action Plan and therefore it is likely that this element will continue to be met. No concerns have been identified for the second quarter. Delivery of a plan to the Corporate H&S committee and RMGG for September meeting

