

Q 1 Monitor Submission

Trust Board Part I	Item: 8.4
November 27th 2013	Enclosure: K
Purpose of the Report / Paper: To provide the Board with the Q2 Submission to Monitor. This was approved on behalf of the Board, by the Finance Investment Committee, as there was no Board meeting in October 2013, and was submitted by the deadline.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Deborah Lawrenson, Company Secretary & Head of Corporate Affairs
Author:	Deborah Lawrenson, Company Secretary & Head of Corporate Affairs, Ursula Grueger, Deputy Director of Finance with input from the Business Intelligence Unit
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	None
Legal / Regulatory / Reputation Implications:	There is the potential for regulatory implications were the Trust to fall short in any areas.
Link to Relevant Corporate Objective:	Strategic Objective 1 and 5:
	Strategic Objective 1 - To deliver quality, patient centred healthcare services with an excellent reputation with regard to meeting standards and targets. Strategic Objective 5. To deliver well managed, quality services which are value for money for the tax payer
Impact on Patients and Carers:	N/A
Document Previously Considered By:	The Monitor submission was considered at FIC on October 29 th 2013
Recommendations: The Trust Board is asked to note the Q2 Submission to Monitor.	

Executive Summary

Summary

The Board is asked to note the Q2 submission to Monitor. This was approved at Finance Investment Committee for submission, as there was no Board meeting in October 2013.

The Board is asked to note that the Trust has sustained its continuity of service risk rating (for finances) of 3 during this quarter and is still expecting to hit the year end surplus. Monitor has changed the governance statement with regard to finances to fit with the new Risk Assessment Framework, with Trusts expected to maintain a continuity of service risk rating of at least 3.

With regard to governance, all healthcare indicators and targets have been achieved in the Quarter, with the exception of C.difficile. Current data, which is not yet confirmed, suggests the Trust will be short against the breast symptomatic target.

Since the start of the new financial year there have been 19 cases of C.difficile against a full year threshold of 15 (at the end of Q2 this was 18 cases). The Trust therefore declares non-compliance for this section.

The Trust Board has focussed its attention on this at every Board meeting and the Executive Committee has reviewed the Post Infection Reviews for every case adjusting plans accordingly. An external peer review of the Trusts HCAI Action plan was completed in November 2012 and a further review is taking place on December 5th 2013. The full set of actions have been discussed with Monitor on reaching both the *de minimus* (13) threshold and the full year threshold (15). Following the November 2013 review conference call between Monitor and the Trust, a monthly review call will take place between Monitor and the Trust specifically focused on the latest updates on C.difficile. At this point in time no further actions are required by the Trust.

The Trust had one case of hospital acquired MRSA bacteraemia in September 2013 and actions are reflected in the HCAI action plan. Final cancer figures will not be available until November 2013 however currently data suggests the Trust will be short against the target for cancer two weeks (breast symptoms).

Attached at **appendix 1** is the governance statement which was submitted to Monitor following Finance Investment Committee approval

Worksheet "Governance Statement"

In Year Governance Statement from the Board of Kingston Hospital NHS Foundation Trust

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)
For finance, that:

4 The board anticipates that the trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months. Board Response
Confirmed

For governance, that:

11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. Not Confirmed

Otherwise

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 16 Diagram 8 and page 59, and the Risk Assessment Framework page 21, Diagram 6) which have not already been reported. Confirmed

Signed on behalf of the board of directors

Signature SBW Name Sian Bates Capacity Chairman Date 29.10.13

Signature STedford Name Sarah Tedford Capacity Deputy Chief Executive Date 29.10.13

Notes: Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.

In the event that an NHS foundation trust is unable to confirm these statements it should NOT select "Confirmed" in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A Since the start of the new financial year there have been 18 cases of C difficile against a full year threshold of 15 (at the end of Q2 this was 18 cases). The Trust declares non-compliance for this section. The Trust Board has focussed attention on this at every Board meeting and the Executive Committee has reviewed the RCAs for every case adjusting plans accordingly. An external peer review of the Trusts HCAI Action plan has been completed and is taking place for December 5th 2013. The full set of actions have been discussed with Monitor on reaching the de minimus (13) threshold and the full year threshold (15). The Trust has had one case of hospital acquired MRSA bacteraemia in September 2013 and actions are reflected in the HCAI action plan. Final cancer figures will not be available until November 2013 however currently data suggests the Trust will be short against the target for cancer two weeks (breast symptoms).

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