

### Q3 Monitor Submission

<b>Trust Board Part I</b>	<b>Item: 9.2</b>
<b>January 29<sup>th</sup> 2013</b>	<b>Enclosure: Q</b>
<b>Purpose of the Report / Paper:</b> To provide the Board with the Q3 Submission to Monitor for approval.	
<b>FOR: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input checked="" type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Deborah Lawrenson, Company Secretary & Head of Corporate Affairs
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<b>Risk Implications - Link to Assurance Framework or Corporate Risk Register:</b>	None
<b>Legal / Regulatory / Reputation Implications:</b>	There is the potential for regulatory implications were the Trust to fall short in any areas.
<b>Link to Relevant Corporate Objective:</b>	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
<b>Impact on Patients and Carers:</b>	N/A
<b>Document Previously Considered By:</b>	Board Paper Review meeting January 20 <sup>th</sup> 2014
<b>Recommendations:</b>	
The Trust Board is asked to <b>note and approve</b> the Q3 Submission to Monitor.	

## Executive Summary

### Summary

The Board is asked to note and approve the Quarter 3 (Q3) submission to Monitor. The detailed financial analysis was reviewed by the Chair of the Finance Investment Committee in advance of the Board meeting.

With regard to governance, all healthcare indicators and targets have been achieved in the Quarter, with the exception of C.difficile. Since the start of the new financial year there have been 21 cases of C.difficile against a full year threshold of 15. The Trust therefore declares non-compliance for this section. At the time of writing final cancer data had not been received.

An Independent review was commissioned by the Trust which took place in December 2013. Key findings were that:

- Significant progress had been identified since the review in November 2012
- The Trust is strongly focused on the issue
- There is good adherence to national testing and reporting guidance
- There are many examples of best practice already in place e.g. antibiotic practice
- There is a high level of awareness and clinical engagement with the issue
- Increased vulnerability of patients recognised –local demographics
- Supports reinvestment of fines in the Trust

Areas for further work:

- Diarrhoea assessment and stool specimens
- Cleaning – stopping routine use of chlorine
- Isolation of patients – reduce frequency of bay closures
- Highlight more the good practice of antimicrobial prescribing compliance
- Nursing leadership – continue approach to enhance leadership
- Infection control team – reduce audit burden to release more time
- Prescribing across whole health economy – Protein Pump Inhibitors (PPI's)

The Trust will be reviewing this report with the Clinical Commissioning Group (CCG) in line with discussions taking place regarding reinvestment options for fines.

### Continuity of Service Risk Rating

COSR is the new risk rating used by Monitor and is in place from Q3. It consists of two metrics – debt service cover and liquidity.

Debt service demonstrates that a Trust is able to meet all debt obligations from the surplus produced in year.

The liquidity metric aims to ensure that the Trust can meet all of its cash obligations. Unlike the Financial Risk Rating (FRR) which was previously used, this does not take into account the working capital facility as it was felt that Trusts in difficulties were often denied access to their facility.

The move to these two metrics is to give Monitor assurance that Trusts will be able to continue to provide services and remain a 'going concern'.

At month 9 the Trust had a COSR of 2.5 which is rounded up to a 3. The Trust is planning for a COSR of 3 at the end of Q3 and Q4 as required by Monitor.

Attached at **appendix 1** is the governance statement for submission to Monitor. Full copies of the return are available on request.

**Worksheet "Governance Statement"**

[Click to go to index](#)

**In Year Governance Statement from the Board of Kingston Hospital**

*The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)*

**For finance, that:**

**Board Response**

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. 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 the Risk Assessment Framework page 21, Diagram 6) which have not already been reported. Confirmed

Signed on behalf of the board of directors

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name

Name

Capacity [job title here]

Capacity [job title here]

Date

Date

0

**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 than 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 financial year there have been 21 cases of C.difficile against a full year threshold of 15 . The trust therefore declares non-compliance for this section. An independent review was commissioned by the trust which took place in December 2013. Key findings were that significant progress had been identified since the review in November 2012. There is strong focus on the issue, good adherence to national testing and reporting guidance, many examples of best practice in place e.g antibiotic practice, high level of awareness and clinical engagement with the issue, increased vulnerability of our patient demographics is recognised and support for reinvestment of fines in the Trust. Areas requiring further work are - diarrhoea assessment and stool specimens, cleaning - stopping routine use of chlorine, isolation of patients - reducing frequency of bay closures, highlighting the good practice of antimicrobial prescribing compliance, nursing leadership - continuing the approach to enhancing leadership, infection control team - reducing the audit burden to release more time, prescribing across whole health economy - protein pump inhibitors. The trust will be reviewing the report received with the CCG in line with discussions taking place regarding reinvestment options for fines.

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