

NHS Foundation Trust Development Programme Summary update report

Attachment



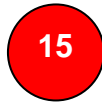


Report to:	Trust Board		
Date:	31 st May 2012		
Lead:	Julia Clarke		
Overall Status:	AMBER/RED		
External measures	Provider Management Regime	GRR	RED ↔
		FRR	RED ↓
Internal measures	<u>FT Workstreams</u>	Financial Governance	AMBER ↔
		Quality Governance	GREEN ↔
		Business Development	RED ↔
		Workforce	GREEN ↔
		Governance	GREEN ↔
	<u>FT Membership</u>	This month	Last month
	Public	7306	↑ 7284
	Staff	5455	↓ 5465
Key issues/ items for forthcoming period:	<ul style="list-style-type: none"> ▪ Draft IBP and LTFM feedback from SHA on 29 May at St Chad's, Birmingham ▪ Provider Management Regime performance review telephone conference with SHA on 13 June. Compliance against all measures within the PMR must be achieved and sustained from July 2012 ▪ Revised IBP to be issued at June Board Development Day. Next submission to SHA at end of July ▪ Quality Governance Framework being further developed by DQS 		
Other matters for the attention of the Board:	<ul style="list-style-type: none"> ▪ There are currently 144 NHS Foundation Trusts of which 41 are mental health trusts, and 4 are Ambulance trusts. <ul style="list-style-type: none"> – The most recent Trust to receive FT authorisation was the Royal Free London NHS Foundation Trust (1 April 2012). – 59% of all acute and specialist Trusts have now been authorised as FTs 		




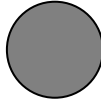
**Summary: Board
Development Day**

21st May 2012

- Strategic update - CEO
- SaTH draft strategies
 - Clinical Service Strategy - DoT
 - IT Strategy – FD
 - Estates Strategy – FD
 - Workforce Strategy update – WD
- Internal Audit Plan 2012/13 – Deloitte
- Committee Structure Review – Deloitte
- Baseline Board Governance Memorandum (BGM) and action plan - DCRM
- Draft Board Assurance Framework summary - DCRM

Appendix B - Risk Log

Risk description	Commentary	Date entered	Owner	Mitigating action taken	LxC*	Residual score	Status
Failure to deliver improved financial position – including working capital and CIPs	Need to ensure QIPP income not understated and LHE deliver QIPP plans.	TFA	FD	SLR introduced aligned to new Centre structure with monitoring of performance. CIP plans identified to deliver savings to achieve operating surpluses. Dedicated Programme Management Office established to track performance of CIP delivery.	3x5		OPEN
Failure to deliver service performance improvements	Working with LHE 19 projects to improve quality and delivery	TFA	DoO	Performance management arrangements in place with escalation procedure	3x5		OPEN
Capacity to manage the impact of consolidation of financial management and operational performance whilst starting the FT pipeline		TFA	CEO	Project approach with robust measurable programmes in place and creation of Programme Management Office to ensure deadlines are delivered. Management and clinical restructure completed. Additional senior staff in post.	3x5		OPEN
Failure to deliver improvements to quality and safety	Working with LHE 19 projects to improve quality and delivery	TFA	DQS	Quality Improvement Strategy being drawn up with clear action plan monitored through Quality & Safety Committee. Additional focus on improving patient safety and patient experience. Embedding LIPS across organisation. Trust McKinsey benchmark shows as top quartile performance.	2x5		OPEN
Lack of support and engagement from external stakeholders.	Current changing landscape of LHE makes engagement more difficult	18.1.12	Chairman	Inaugural Stakeholder conference held on the 10 th of May 2012	2x4		OPEN

Risk description	Commentary	Date entered	Owner	Mitigating action taken	LxC*	Residual score	Status
Available time and resource to conduct public consultation if required		26.1.12	DCRM	Reviewing FT Constitution to then seek formal decision from SHA after HOSC view obtained	3x2		OPEN
Failure to deliver reconfiguration of services	Key risks noted at Trust Board 1) Communication of 2) Workforce training 3) Managing transition /implementation	TFA	DoT	Full public consultation and ongoing engagement with patients and clinicians and clear project management arrangements and plan in place. Approved by Trust Board 16/4/12. Programme Board established under DoT for implementation stage. FBC with SHA for approval	1x5		OPEN
Engagement and understanding of FT amongst staff is not achieved		20.2.12	WD	Learning support being developed 'FT so what' to ensure organisations understanding.	2x2		OPEN
Failure to deliver a Quality Improvement Strategy (QIS) and Quality Governance Framework (QGF) by end of March in line with TFA	QIS approved by board March 2012	15.2.12	DQS	Quality Improvement Strategy being developed and monitored through Quality & Safety Committee and Board Development Programme. <ul style="list-style-type: none"> Deputy Chief Nurse in post Quality account process led by DCN to enable Chief Nurse to focus on QGF and QIS. Corporate Nursing Structure when fully recruited to will enable effective implementation of Q+S Corporate objectives. Year one strategy outlines importance of Centre Governance Structures established to enable a effective implementation 	-		Closed