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<th>Title</th>
<th>Foundation Trust update</th>
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<td>Status</td>
<td>Paper for information and decision.</td>
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<td>History</td>
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<td>Board Lead</td>
<td>Andrew Stevens, Director of Planning and Information</td>
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<td>Key purpose</td>
<td>Strategy</td>
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Summary

1. Responsibility for assessing the Trust’s Foundation Trust application has passed to the NHS Trust Development Authority (TDA).

2. The Trust has been asked to submit its revised and updated application to the TDA on 1 July 2013 and demonstrate that contracts with its commissioners are in place and that performance is meeting the Trust’s trajectory.

3. Sustained service performance has been identified as a pre-requisite for consideration by the TDA. A performance trajectory is to be agreed by the Board and a revised IBP will be available for Board agreement in late June to enable the 1 July deadline to be met.

4. Progress continues to be made towards the formation of a Council of Governors for the Trust, with an electoral services provider in place and events taking place for public members interested in becoming a Governor once the electoral process is initiated.

4. The Board is asked to:
   - note progress;
   - agree arrangements to agree the revised Integrated Business Plan and associated content of the Trust’s FT application in the final week of June;
   - receive the minutes of the FT Programme Board held on 20 March;
   - note the FT risk register; and
   - note changes to Monitor’s Guide to Applicants and in particular the requirements of the Board Statement and areas of focus within it - meeting performance targets, achieving Level 2 of the Information Governance toolkit and the necessary board and committee arrangements to support decision-making, scrutiny and oversight and the delivery of the Trust’s business plan.

Andrew Stevens, Director of Planning and Information
Jonathan Horbury, Foundation Trust Programme Director
May, 2013
Foundation Trust update

Assessment process
1. Since paper TB2013.41 to the Board in March, responsibility for assessing the Trust’s Foundation Trust application has passed to the NHS Trust Development Authority (TDA).

2. NHS South of England confirmed this transition to the next stage of assessment in March and in doing so highlighted three areas of work to take place before formal consideration by the TDA:
   2.1. Updating of the Trust’s Long-Term Financial Model and Integrated Business plan following discussions with commissioners of plans for 2013/14 and the production of detailed plans for cost improvement schemes for 2014/15.
   2.2. Completion of actions in response to Board observation carried out in March 2012 and on Board development.
   2.3. Addressing of service performance not meeting national standards for:
      2.3.1. A&E waits, with the 95% within four hours standard not met since January.
      2.3.2. Delayed transfers, with the Trust needing to meet its own trajectory for improvement.
      2.3.3. >6-week waits for diagnostics.
      2.3.4. Referral to Treatment time for non-admitted general surgery patients.
      2.3.5. RTT incompletes in Trauma & Orthopaedics and Rheumatology.
      2.3.6. Patients waiting over 52 weeks in December 2012 (since treated).

3. The letter concluded that “sustained service performance is a pre-requisite for support by the SHA and consideration by the TDA” and that OUH should submit its revised FT application to the TDA on 1 July 2013 with contracts with commissioners agreed by then and performance meeting the Trust’s trajectory.

4. A performance trajectory is to be agreed by the Board and a revised IBP will be available for Board agreement in late June to enable the 1 July deadline to be met.

5. A draft for approval is due to be ready on 21 June. Since the current schedule of Board meetings does not allow the revised FT application to be considered in time to meet the 1 July deadline, the Board is asked to agree arrangements to agree the revised Integrated Business Plan and associated content of the Trust’s FT application in the final week of June.

6. Progress with the Trust’s FT application beyond July will then depend upon how the Trust’s operational performance is judged after Quarter 1 of 2013/14.

7. Should progress be sufficient to allow the application to progress to TDA Board approval from assessment in July, the Monitor stage of assessment could begin as early as September or October. This is the point at which elections to the Council of Governors could be initiated and the final phase of Historical Due Diligence (HDD3, primarily a review of working capital arrangements) take place.

8. Monitor’s own judgement of whether its assessment can proceed immediately (known as ‘batching’) will determine whether authorisation can be anticipated in the first months of 2014 following assessment during the winter of 2013/14.
9. Work continues in the meantime to enable OUH to demonstrate that it has good arrangements for quality governance and that it meets the FT authorisation criteria of being well-governed, legally constituted and financially viable.

Foundation Trust Programme Board

10. The FT Programme Board met on 20 March and minutes of this meeting are attached as Appendix 1.

11. In addition to the FT application process, the meeting considered:

11.1. **Appointment of an electoral services provider**: UK-Engage have been confirmed as the Trust’s independent provider of services to support the election of public and staff Governors to its Council of Governors.

11.2. **Governor information events**: a programme of meetings began during April for Trust members interested in becoming a Governor. These meetings provide information and an opportunity to ask questions and some 150 public members are expected to attend during April and May.

11.3. **Risk register**: the Programme Board agreed an updated risk register outlining risks to the Trust’s continuing to make progress with its FT application. The primary risk is that of not meeting required operational performance standards and, as part of the Trust’s risk framework, this risk register has contributed to the Trust’s overall risk register. The FT risk register is attached for information as Appendix 2.

11.4. **Monitor Risk Assessment Framework**: OUH’s response to a consultation by the FT regulator was agreed and subsequently sent. Monitor consulted on changes to what is currently known as its Compliance Framework to focus on testing FTs’ ability to provide what are termed ‘commissioner-requested services.’

11.5. Financial measures were reduced to two primary measures: Liquidity ratio and Capital servicing capacity. OUH commented on both.

11.6. Monitor’s proposed approach to the capital servicing capacity metric was noted as posing a particular challenge to Trusts with Private Finance Initiative-funded facilities. It was suggested that the capital servicing capacity metric be adjusted to compensate for the impact that PFIs have on a trust’s annual debt service figure.

11.7. It was noted that the liquidity threshold figures in each case compared with the existing Financial Risk Rating were greater than would be the case for simple removal of 30 days liquid assets from a working capital facility, suggesting that, even accounting for non-inclusion of working capital facilities, the overall measure of liquidity was being tightened. Clarification was sought on the process for converting scores for individual metrics into the overall rating score and specifically whether a weighted average score of 2.5 would be rounded up to an overall figure of 3, the level regarded as acceptable for FT applicants.

11.8. These and other concerns have also been raised by the Foundation Trust Network on behalf of existing and applicant FTs.
Monitor Compliance Framework\(^1\)

12. Monitor has amended its Compliance Framework for April - October 2013 prior to implementing a Risk Assessment Framework following the consultation.

13. The key risk indicators and how Monitor derives them are unchanged from those in the Compliance Framework for 2012/13.

14. Changes made are:


14.2. References to the Prudential Borrowing Code and Prudential Borrowing Limit are removed as they are legally no longer in force.

14.3. Monitor’s approach to taking regulatory action is referred to in what is termed Enforcement Guidance – published in February as Draft statutory guidance for Trust Special Administrators appointed to NHS foundation trusts. This applies only to FTs (not to NHS Trusts) and sets out:

14.3.1. Arrangements for putting in place a Trust Special Administrator at FTs deemed to require this intervention.

14.3.2. That the Trust Special Administrator should:

“secure the provision of services, termed ‘Location Specific Services’, the withdrawal of which would be likely to: (a) have a significant adverse impact on the health of persons in need of the service or significantly increase health inequalities; or (b) cause a failure to prevent or ameliorate either a significant adverse impact on the health of such persons or a significant increase in health inequalities.

Commissioners must have regard to the guidance provided by Monitor in determining which services are to be Location Specific Services. The NHS Commissioning Board may make arrangements for facilitating agreement between commissioners in determining to which services the objective applies and, in the event that commissioners are unable to agree, commissioners who wish the service to be a Location Specific Service may wish to note that any additional costs will fall to them and not other commissioners.”

14.3.3. A time-limited failure regime which obliges the Secretary of State to make a final decision on the future of the organisation within a total period of 150 working days (unless any of the time periods specified for the various parts of the process are extended by Monitor).

14.4. Forward financial risk indicators are as before, except that the indicator for capital expenditure has changed from capital expenditure being “<75% of plan for the year-to-date” to “variance of +/- 15% of plan for the year-to-date”.

Monitor Guide for Foundation Trust Applicants

15. Monitor published a revised Guide for FT Applicants during April. This updates the existing Guide to incorporate the Health and Social Care Act 2012. OUH has already incorporated this latest legislation into its draft Constitution.

16. Commissioning terminology has changed. FT applicants are now required to demonstrate in their Integrated Business Plan that ‘Commissioner Requested Services’ are being provided and are viable:

“Monitor will review the applicant’s business plan to understand the assumptions driving it, to identify key risks and to determine whether there are adequate plans in place for the applicant to achieve its goals and manage its risks. It will also seek to ensure that the Commissioner Requested Services are being provided and to verify compliance with relevant statutory requirements. In summary, the business plan is a key document which should

- explain the rationale for and detail plans for key services;
- identify key assumptions underlying projections and their relation to the local health economy;
- identify the impact of patient choice and contestability of the activity assumptions;
- describe expected changes in case mix, nature and cost of case management, including any expected changes in the volume and cost of secondary commissioning by the trust (whether to the independent sector or to other NHS trusts);
- highlight major changes to the property portfolio;
- include analysis of the asset disposal plans for the coming year;
- detail major initiatives, such as cost reduction programmes or new investments;
- explain the level of support for its proposals in the local health community, in particular the level of commissioner support;
- identify key risks to execution of the strategy;
- clarify major action and contingency plans to mitigate key risks; and
- describe the nature of any major partnerships or joint ventures (including section 75 contracts prevalent in mental health trusts), in particular the roles and responsibilities of the parties involved and how costs, risks (including default and dissolution) will be managed and how the benefits are to be shared.”

17. The section on assets has also been changed to refer to ‘relevant assets’ as:

“any item of property, including buildings, interests in land, equipment (including rights, licences and consents relating to its use), without which the trust’s ability to meets its obligations to provide Commissioner Requested Services would reasonably be regarded as materially prejudiced.”

18. OUH’s approach has been to regard what were previously known as ‘protected assets’ as its four hospital sites and this appears to remain the correct approach for ‘relevant assets.’

19. Members of the Board will be required to sign a Board Statement prior to authorisation. The content of this is shown in Appendix 3.

20. OUH is working towards meeting existing performance targets (point 7 in Appendix 3) and meeting Level 2 of the Information Governance Toolkit (point 8, Appendix 3). The

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Board’s review of its meeting and committee arrangements will inform conclusions on points 5 and 13 in Appendix 3.

**Recommendation**

21. The Board is asked to:

21.1. **note** progress;

21.2. **agree** arrangements for agreeing the revised Integrated Business Plan and associated content of the Trust’s FT application in the final week of June;

21.3. **receive** the minutes of the FT Programme Board held on 20 March;

21.4. **note** the FT risk register; and

21.5. **note** changes to Monitor’s *Guide to Applicants* and in particular the requirements of the Board Statement (paragraph 19 *et seq.*) and the areas of focus listed in paragraph 20 – meeting performance targets, achieving Level 2 of the Information Governance toolkit and the necessary board and committee arrangements to support decision-making, scrutiny and oversight and the delivery of the Trust's business plan.

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**Andrew Stevens, Director of Planning and Information**  
**Jonathan Horbury, Foundation Trust Programme Director**  
**May, 2013**
Appendix 1

Oxford University Hospitals NHS Trust
Foundation Trust Programme Board
Meeting held on Wednesday 20 March, 2013

Present: Ted Baker (EB), Andrew Stevens (AS), Sue Donaldson (SD), Mark Mansfield (MM), Sara Randall (SR), Neil Scotchmer (NS), Clare Winch (CW), Jonathan Horbury (JH).

Apologies for absence were recorded from Sir Jonathan Michael (JM), Tony Berendt (TB), Paul Brennan (PB), Geoff Salt (GS), Elaine Strachan-Hall (ESH), Melanie Proudfoot (MP), Susan Brown (SB), Mark Trumper (MT), Eileen Walsh (EW), Liz Wright (LW).

1. Notes of the meeting held on 20 February were agreed as a correct record.

2. Matters arising
   2.1. Invitations to the Trust Leadership event days had been agreed and distributed. [item 2.1]
   2.2. Commissioner alignment letters had been received. [item 3.2]
   2.3. The Combined Action Plan would be updated for the next meeting. [item 4.2] [JH]
   2.4. TME had incorporated former SPC meetings, although it was agreed that having a strategic focus for alternative meetings would remain important. The flow of information to TME – especially the Integrated Performance Report – now needed to be part of a forward plan of business. [item 6.5]
   2.5. Making the Governance Provisions paper available in convenient form for staff would be considered at a future meeting. [item 6.7] [MP]

3. Programme Director’s report
   Application process
   3.1. Feedback from the SHA had indicated that briefing material was still being produced for handover to the TDA. It appeared likely that the SHA would express the view that OUH updating its IBP/LTFM for submission during June was reasonable and that the necessary progress had been made on quality, governance and finance. Concern had been raised, however, at performance against a number of indicators, and not only those covered in the Governance Risk Rating.
   3.2. SR gave an update on performance, explaining that:
      a) Pressure on emergency care meant that the Emergency Department standard had not been met in February and would not be for March. A letter to Stephen Dunn on 1 March had explained action being taken by the Trust.
      b) Delayed transfers had risen further in February.
      c) RTT had been achieved in February for all specialties, but incompletes data would not be reported fully until April and this would count against the Trust’s
DH performance framework rating in the meantime. It was noted that this, alongside not meeting the ED standard, would in itself be enough to give the Trust an Amber/Red GRR for February and March.

d) A plan on diagnostic waits had been sent to the SHA. Extra resources had been put in place to deliver waits of under 6 weeks in cardiac by end March, but with plans to reduce MRI and ultrasound waits to be implemented in April/May, the overall position on diagnostic waits was expected to worsen in March.

e) Cancellations and 28-day data were being monitored.

f) Mixed sex accommodation breaches had all taken place at the Horton SEU.

3.3. EB explained that CDiff cases had reached the year end threshold so further cases would breach the threshold.

3.4. It appeared likely that performance would be the most significant risk to OUH’s FT application proceeding to and through the TDA’s Executive Team in April.

3.5. With OUH’s IBP/LTFM to be re-submitted after June’s Board meeting, meeting the necessary standards during May would be likely to be a minimum requirement.

3.6. SR noted that performance thresholds change on 1 April, especially for 52 weeks, and that these would now need to be built in to the Integrated Performance Framework. [SR]

Electoral services provider

3.7. Appointment of a provider was expected by the end of the week.

Governor information events

3.8. Progress and plans were noted.

3.9. It was noted that there was as yet little staff interest in governor events. Raising awareness of this would need to take place over time and linked to other communications, for example the exercise following Trust leadership events in April. SD asked that the next update to staff side representatives at JSCNC explained the importance of staff governor roles to build support and positive advocacy for them.

4. FT risk register

4.1. Revisions to the risk register were reviewed and agreed.

4.2. It was noted that this register did not incorporate risk posed by the volatility of changes to commissioning arrangements. This would be picked up elsewhere. [AS]

5. Monitor’s Risk Assessment Framework consultation

5.1. NS presented the consultation and proposed response, highlighting three main issues resulting from Monitor’s proposed shift of emphasis to testing FTs’ ability to provide commissioner-requested services:

a) Liquidity ratio

b) Capital servicing capacity

c) Governance assessment
5.2. The proposed approach to liquidity ratio and capital servicing capacity posed particular risks to Trusts with PFIs and it was noted that this would create major challenges for many existing and applicant FTs.

5.3. The proposed response to the consultation was considered and supported.

5.4. Further comments were invited to be sent to NS by 26 March. [All]

6. **Date of next meeting**: Monday 15 April, 2.00 – 3.30pm [*note non-standard time*]
## Appendix 2

### Foundation Trust Programme risk register – as agreed by FT Programme Board on 20 March 2013

**Risk owners:**
- CEO Chief Executive
- DCS Director of Clinical Services
- DoA Director of Assurance
- DoF Director of Finance and Procurement
- DPI Director of Planning and Information
- FTPD Foundation Trust Programme Director
- MD Medical Director

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| 1       | DCS        | SHA B2B letter | Performance against national standards is not at the level required for FT authorisation. **Cause:**
- Service pressure at ‘front and back doors’
- Continued downward pressure on income
- Little headroom on waiting time standards
**Effect:**
- Improvements to operational efficiency are not delivered leading to insufficient capacity to support the required service changes
- Loss of assessor confidence
- Potential loss of public confidence
**Impact:**
- Additional scrutiny from SHA/TDA/others
- Delay to FT authorisation | • Monthly performance reporting to Board including key metrics used by SHA then TDA/Monitor
- Monthly self-certification by Board
- Reporting to Executive Team of DH performance calculation
- Narrative provided on emergency pressures and delayed transfers
- Several DH performance measures were not met in February
- Others are close to thresholds (e.g. infection control, cancer)
- TDA approach to performance assessment for FT applicants is unclear | <3 months | 4 | 4 | 4 | 4 | 16 | 16 | - | 5/13 | 8 |
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| 2       | DoF        | SHA B2B letter Guide to Applicants. | Financial plans do not demonstrate financial viability to the level required for FT authorisation. | • PIDs for 13/14 and PODs for 14/15 in place and quality impact assessed by 28/2/13  
• QIA compliant with NQB guidance  
• Mitigation plans to return to Board via F&P Committee | <3 months | 4 | 3 | 4 | 5/13 | 8 |

**Cause:**
- 2-year CIP programme and mitigations not in place.
- Quality Impact Assessment not complete for rolling 2-year programme.

**Effect:**
- CIP and QIPP actions form a reactive, annual programme
- Quality Impact Assessment of schemes not complete in accordance with National Quality Board guidance
- Mitigation plans are insufficient to offer assurance that variations from plan can be managed

**Impact:**
- Delay to strategic/large scale service redesign
- Loss of support from SHA, TDA, others
- Delay to FT authorisation
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| 3       | DPI        | SHA B2B letter | Key commissioners do not commit to the Trust's forward plans in sufficient detail. | • Relationships with and support of key commissioners improved  
• Confirmation of alignment with existing (pre-contract) LTFM achieved Feb 13  
• CIPs for 13/14 and 14/15 to be shared  
• Updating of activity and financial assumptions to underpin LTFM update in April/May 2013 to be conducted with key commissioners  
• National picture problematic: allocations moving between commissioners | <3 months | 3 4 | 3 4 | - | 4/13 | 4 |
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| 4       | DoA        | SHA B2B letter | Governance arrangements do not give assessors sufficient assurance of Board effectiveness. | • Governance Provisions paper completed and provided to SHA  • Formal review of Board and committee arrangements under way for May Board  

*Cause:*  
- Insufficient clarity that Board drives strategy and holds Executives to account  
- Low apparent confidence in use of information by Board and committees  
- Culture to support OUH operating as an FT is not established quickly and effectively resulting in challenges to delivery  

*Effect:*  
- Passion, enthusiasm, vision not evident at assessment meetings  
- Low apparent confidence in use of information by Board and committees  
- Culture to support OUH operating as an FT is not established quickly and effectively resulting in challenges to delivery  

*Impact:*  
- Critical scrutiny from SHA, TDA  
- Delay to FT authorisation  

*Links to:*  
- Updated Board development programme including 360° appraisal  
- Communication of vision and priorities for 2013/14 and associated staff involvement  
| 3 | 4 | 3 | 3 | <3 months | 12 | 9 | 5/13 | 4 |
| 5 | CEO | SHA B2B letter, *Guide to Applicants* | Size and composition of Board are not acceptable to assessors. | • Board agreed in February 2013 to reduce its membership with immediate effect to that set out in relevant Statutory Instrument  

*Cause:*  
- Variance from usual/expected FT Board size  
- Monitor concern at Boards' effectiveness and focus  
- Expectation of Non-executive leadership  

*Effect:*  
- Deeper scrutiny by TDA and/ or Monitor of OUH Board and governance arrangements  

*Impact:*  
- TDA/Monitor deferral of FT application  
<p>| 3 | 4 | 1 | 4 | 3-6 months | 12 | 4 | - | 4 |</p>
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| 3       | MD         | Guide to Applicants. | Measured quality of care and quality governance do not meet expected standards. | • Quality Strategy  
• Monitoring of quality metrics including Quality Dashboard through Quality Committee  
• Action plan following QGF assessment  
• Preparation for CQC visit  
• Work begun on monitoring trends and on benchmarking: more needed | <3 months | 10 | 10 | - | 4/13 | 5 |
|         |            |        | Cause:          |                                    |           |                                  |                                |      |             |            |
|         |            |        | • Insufficient support, education and training provided to staff  
• Lack of focus on or ownership of national quality objectives  
• Monitoring of trends not adequate  
• Lack of confidence in data quality | | | | | | | | | | |
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<tr>
<td>7</td>
<td>FTPD</td>
<td>IBP. Guide to Applicants.</td>
<td>Requirements are not met for OUH to be legally constituted as an NHS Foundation Trust.</td>
<td>Membership campaign&lt;br&gt;Membership reports to FT Prog. Board&lt;br&gt;Patient mailings&lt;br&gt;Identification of public members interested in becoming Governors&lt;br&gt;Selection of electoral services provider&lt;br&gt;Information sessions for potential public Governors: good interest&lt;br&gt;Publicity and information sessions for potential staff Governors: low apparent interest – action needed&lt;br&gt;Agreement and resourcing of induction programme for Governors&lt;br&gt;Check compliance of draft Constitution prior to submission</td>
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**Cause:**<br>• Slow recruitment of public members<br>• Insufficient Governors<br>• Unjustifiable variance from Model Core Constitution

**Effect:**<br>• Public membership does not meet identified target<br>• Council of Governors not viable at authorisation<br>• Legal advice to Monitor challenges constitution

**Impact:**<br>• TDA or Monitor set additional membership requirements<br>• Authorisation is delayed<br>• Additional legal costs are incurred

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<td>6 – 9 months</td>
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| 8       | FTPD       | Guide to Applicants | Unclear accountabilities for delivering elements of the programme lead to delay or inadequate action. | • FT Programme Board  
• Combined Action Plan  
• Reports to Board  
• Monthly progress reviews with SHA  
• Liaison to be developed with TDA | 3-6 months | 2 | 4 | 2 | 4 | - | 5/13 | 4 |

Cause:
- Complex and evolving programme of work  
- Changing regulatory systems/expectations  
- New processes with involvement of TDA

Effect:
- Lack of focus on issues of importance to the programme  
- Projects and workstreams insufficiently resourced

Impact:
- Delay to action  
- Assessment standards not met  
- Delay to FT application
Board Statement – from Monitor’s Guide for Foundation Trust Applicants

1. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission’s registration requirements.

2. The board is satisfied that processes and procedures are in place to ensure all health care professionals providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner.

4. All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned.

5. The necessary planning, performance management and risk management processes are in place to deliver the integrated business plan, including but not restricted to:
   a. obtaining and disseminating accurate, comprehensive, timely and up to date information for board and committee decision-making;
   b. the timely and effective scrutiny and oversight by the board of the trust’s operations;
   c. effective financial decision making, management and control; and
   d. taking appropriate account of quality of care considerations.

6. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

7. 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 B of Monitor’s Compliance Framework; and all known targets going forwards.

8. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

9. The board has in place a register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to ensure any board vacancies are filled.
10. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

11. The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills.

12. The management team has the capability and experience necessary to deliver the integrated business plan.

13. The management structure in place is adequate to deliver the integrated business plan, including but not restricted to:
   a. effective board and committee structures;
   b. clear responsibilities for the board, for committees to the board and for staff reporting to the board and those committees; and
   c. clear reporting lines and accountabilities throughout its organisation.

14. The board has considered all likely future risks to compliance with the NHS Provider Licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach of conditions occurring and the plans for mitigation of these risks to ensure continued compliance.

For an NHS trust engaging in a major Joint Venture, or Academic Health Science Centre (AHSC), Monitor may ask the trust to evidence that the board is satisfied that the trust has fulfilled, or continues to fulfil, the criteria in Appendix C4 of the Compliance Framework.