

Agenda item: 22/24

Trust Board

12 February 2015

NHS Trust Governance Declaration – Months 9 & 10

Self Certification Board Statement			
Clinical Quality	Indicate Compliance	Comment on where compliant or at risk of non compliance	Timescale for compliance
1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by CQC information, its own information on serious incidents, patterns for complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purposes of monitoring and continually improving the quality of healthcare provided to its patients.	Risk	Following a Trust review of Quality, Safety, and Infection Prevention and Control systems and process, there is now a more effective arrangement in place for monitoring our quality of healthcare. The Board receives regular surveillance and performance assurance reports, as well as scrutiny with the Patient Safety and Quality Group. Further work is required in this area to provide additional assurance.	31/03/2015
2. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the CQC's registration requirements	Yes	<i>Governance structure and assurance processes have been developed and embedded into business as usual.</i>	
3. The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust met the relevant registration and revalidation requirements.	Yes	Processes and procedures are in place to ensure that these requirements are met.	
Finance			
4. The Board is satisfied that the Trust shall at all times remaining a going concern, as defined by the most up to date accounting standards in force from time to time.	Risk	The Trust has a 2014/15 financial plan, which has been submitted to the TDA. The TDA has confirmed that the Trust NHS organisation Accounts are to be prepared on a Going Concern basis and that cash support will be available.	31/03/2015
Governance			
5. The Board will ensure that the trust remains at all	Yes	Accountability for all aspects of the Trust business remains	

times compliant with the NTDA accountability framework and shows regards to the NHS Constitution at all times.		with the Board, who are held to account and supported by the TDA. The new values of the Trust reflect the intention of the NHS Constitution.	
6. The current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate actions plans in place to address the issues in a timely manner.	Risk	Further work on governance is underway in response to an external review by the GGI. A new governance committee structure has been agreed by the Board. Further work is required in this area to provide additional assurance.	31/03/2015
7. The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plan for mitigation of these risks to ensure continued compliance	Risk	Until the new governance structure systems and processes are embedded the Board cannot be assured. 18 weeks referrals to treatment breaches and 'backlog' of activity, cancer management are a risk mitigated with a medium term recovery plan. Further work is required in this area to provide additional assurance.	31/03/2015
8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation place are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Risk	Board assurance will be obtained as part of the embedding of new governance arrangements detailed above and new planning, performance management and clinical risk management systems in place. Patient Safety, Quality and Risk Committee in place supported by Quality, Safety and Performance Groups. Further work is required in this area to provide additional assurance.	31/03/2015
9. 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.	Yes	Annual governance statement is in place.	
10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.	Risk	Partial compliance with remedial plans in place for 18 weeks waiting list management (referral to treatment) to be compliant across all specialities. External review with intensive support team of cancer pathway standards and compliance. Risk mitigated with a medium term recovery plan.	28/02/2015

11. The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes	The Trust has achieved this requirement.	
12. The Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	Yes	The Trust maintains a register of interests which is presented at each Board meeting, where members are also asked to declare any conflicts with agenda items.	
13. 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.	Yes	All executive and non executive directors have an agreed set of behaviours which they sign on appointment to the Board Trust DO (Developing our Organisation) and Transformation programmes have commenced. The Trust has requested additional support in light of concerns regarding capacity and capability.	
14. The Board is satisfied that the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes	All Executive Director positions have now been filled substantively. Trust DO (Developing our Organisation) and Transformation programmes have commenced. The Trust has requested additional support in light of concerns regarding capacity and capability.	

Self Certification Compliance Monitor				
		Indicate Compliance	Comment on where compliant or at risk of non compliance	Timescale for compliance
1. Condition G4	Fit and proper persons as Governors and Directors	Yes		
2. Condition G5	Having regard to monitor Guidance	No	Not a Foundation Trust	31/03/2015
3. Condition G7	Registration with the Care Quality Commission. The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able lawfully to provide the services authorised to be provided by the Licence.	Yes		
4. Condition G8	Patient eligibility and selection criteria	Yes		
5. Condition P1	Recording of Information	Risk	An internal audit in June identified areas for improvement. New clinical coding audit hospital mortality review and improvements in primary diagnosis coding delivering improvements. Further audits are planned for Q3/4 of 2014/15.	31/03/2015
6. Condition P2	Provision of information	Yes		
7. Condition P3	Assurance report on submissions to Monitor	No	Not applicable as not a Foundation Trust	
8. Condition P4	Compliance with National Tariff	Yes		
9. Condition P5	Constructive engagement concerning local tariff modifications. The Licensee shall engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of the 2012 Act, in any case in which it is of the view that the price payable for the provision of a service for the purpose of the NHS in certain circumstances	Yes		

	or areas should be the price determined in accordance with the national tariff for that service subject to modifications.			
10. Condition C1	The right of patients to make choices	Yes		
11. Condition C2	Competition oversight: The Licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS.	Yes		
Condition IC1	Provision of integrated care; objectives are: Improving the quality of health care services provided for the purposes of NHS (including the outcomes that are achieved from their provisions) or the efficiency of their provision; Reducing inequalities between persons with respect to their ability to access those services, and; Reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.	Yes		