

Self Certification Board Statement

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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.	Compliant	Significant work was undertaken to strengthen clinical governance and risk management processes during 2014/15. The Board receives regular surveillance and performance assurance reports, as well as scrutiny by the Patient Safety and Quality and Risk Committee. In April 2015 the CQC undertook a planned inspection of our services. The CQC have signalled a number of areas where we can further strengthen our arrangements and we will be actioning this as a priority in Q1 and Q2.	Compliant
2. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the CQC's registration requirements	Compliant	Governance structure and assurance processes have been developed and embedded into business as usual.	Compliant
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.	Compliant	Processes and procedures are in place to ensure that these requirements are met.	Compliant
Finance			
4. The Board is satisfied that the Trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.	Compliant	The Trust has a 2015/16 financial plan, which has been submitted to the TDA. The TDA have confirmed that the Trust NHS organisation Accounts are prepared on a Going Concern basis and that cash support is available. Additional confirmation is being sought for quarter 1 of 2016/17.	Compliant

Governance			
5. The Board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regards to the NHS Constitution at all times.	Compliant	Accountability for all aspects of the Trust business remains 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.	Compliant
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.	Compliant	The Trust is not currently compliant with all national standards – monthly review at board of performance and recovery actions (IPR). Finance Committee remit extended to incorporate performance. The Annual Plan and the Integrated performance Report incorporate the new Trust Development Authority Accountability Framework.	Compliant
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	Compliant	Draft BAF assesses key strategic risks. Further work to be undertaken to finalise BAF, ensure all key risks and issues are identified and assurance provided re future management.	Compliant
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.	Compliant	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. The Trust has established a new Integrated Risk and Governance, which will focus on the management of risks within the Trust, including the controls in place and the progress on mitigating actions that the corporate risk register and Board Assurance Framework are maintained and updated appropriately Further work has been delivered in this area to provide additional assurance.	Compliant
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.	Compliant	An Annual Governance Statement 2014/15 was approved by Audit Committee on 2 June 2015 on behalf of the Board. It will form part of the Annual Report, which will be published in September 2015.	Compliant

<p>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.</p>	<p>Compliant</p>	<p>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.</p>	<p>Compliant</p>
<p>11. The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</p>	<p>Risk</p>	<p>The baseline assessment for the Information Governance Toolkit for 2015/16 has been completed for the new requirements issued in July 2015. The Trust is currently meeting all requirements at the level two attainment level with the exception of requirement 201- "The organisation ensures that arrangements are in place to support and promote information sharing for coordinated and integrated care, and staff are provided with clear guidance on sharing information for care in an effective, secure and safe manner". Other Trusts are likely to be in a similar position in relation to not currently meeting this new requirement.</p> <p>Work is underway to ensure that this remaining requirement is achieved by the end of October where a performance assessment is required to be submitted as part of a mid-year review until the final submission due at the end of March 2016.</p>	<p>March 2016</p>
<p>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.</p>	<p>Compliant</p>	<p>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.</p> <p>The Trust is in the process of recruiting a substantive Chief Executive.</p> <p>A process is to be put in place to recruit a new chair from October 2015.</p>	<p>Compliant</p>
<p>13. The Board is satisfied that all executive and non executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively,</p>	<p>Compliant</p>	<p>All executive and non executive directors have an agreed set of behaviours which they sign on appointment to the Board. 360 reviews underway for all Board members. Development</p>	<p>Compliant</p>

including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.		plan in place (to be reviewed and updated in year). All	
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.	Compliant	All Executive Director positions have now been filled substantively. Operations Division management capacity has been strengthened with two COOs now in post (unscheduled care and planned care). Process in place to recruit a new Director of Communications. Experience interim in place.	Compliant

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	N/A	<i>Although not a Foundation Trust, regard is given to Monitor guidance</i>	
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	Yes	An internal audit in June 2014 identified areas for improvement. New clinical coding audit hospital mortality review and improvements in primary diagnosis coding delivering improvements. A further audit was undertaken in March 2015.	
6. Condition P2	Provision of information	Yes		
7. Condition P3	Assurance report on submissions to Monitor	N/A	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	Yes		

	for the purpose of the NHS in certain circumstances 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		
12. 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		