

<b>Subject:</b>	NHS Trust Development Authority Self Certification return for June
<b>Prepared by:</b>	Peter Mellor, Director of Corporate Affairs
<b>Sponsored by:</b>	Peter Mellor, Director of Corporate Affairs
<b>Presented by:</b>	Peter Mellor, Director of Corporate Affairs
<b>Purpose of paper</b>	For the Board to consider the return to the NHS Trust Development Authority
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	No changes from last month
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	Members are asked to consider the draft self certification submission, and accept or amend.
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	The Self Certification will be submitted to the NHS Trust Development Authority on 31 July.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	Considered and none apparent.
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	Not applicable.

<b>Links to Portsmouth Hospitals NHS Trust Board Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	All
<b>BAF/Corporate Risk Register Reference</b>	BAF 04-1415 BAF 17-1415 TRR 15-1415 TRR 17-1415
<b>Risk Description</b>	<b>04-1415</b> Repeated and prolonged overcrowding within ED results in poor patient experience, compromised safety and impacts on staff wellbeing. <b>17-1415</b> Current and future workforce demand is outstripping

	<p>supply.</p> <p><b>15-1415</b> Repeated and prolonged overcrowding within ED results in poor patient experience, compromised safety and impacts on staff wellbeing</p> <p><b>17-1415</b> At times of high capacity decisions are made to move patients out of their specialty foot print for the provision of their care</p>
<b>CQC Reference</b>	N/A

<b>Committees/Meetings at which paper has been approved:</b>
None

## Trust Development Authority - Monthly Self-Certification Requirements

June 2015

### **Board statements**

For each statement, the Board is asked to confirm that:

	<b>For Clinical Quality, that</b>	<b>Response</b>	<b>Comment</b>	<b>Timetable to achieve Compliance</b>
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 regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	<b>YES</b>		
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	<b>YES</b>		
3.	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	<b>YES</b>		
	<b>For Finance, that</b>			
4.	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	<b>YES</b>		
	<b>For Governance, that</b>			
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	<b>YES</b>		

6	All 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 action plans in place to address the issues – in a timely manner	<b>YES</b>		
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 occurrence and the plans for mitigation of these risks.	<b>YES</b>		
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	<b>YES</b>		
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 ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> ).	<b>YES</b>		

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 commissioned targets going forward.	<b>NO</b>	<p>4 hour ED wait standard. The Trust is currently failing this standard. For May 2015 the Trust achieved 78.96 %. This is against a TDA revised Phase II recovery trajectory of 84%.</p> <p>The Phase 1 Improvement Plan has delivered sustainable improvements in safety.</p> <p>The Phase 2 Improvement Plan aims to deliver sustainable delivery of the 95% standard. The forecast is that the 4 hour standard improves to 90% by the end of Q1 and this standard is maintained through Q2.</p> <p>This will be achieved through 5 High Impact Changes:</p> <ol style="list-style-type: none"> <li>1. Reducing avoidable breaches</li> <li>2. Delivering agreed professional standards</li> <li>3. Frailty Intervention Team</li> <li>4. Medical model, with take relocated to the AMU and ambulatory care ring-fenced</li> <li>5. Improving flow with continuing focus on achieving discharge standards and targets</li> </ol> <p>Key risks and mitigation are set out in the Phase 2 Plan.</p>	<b>95% compliance by w/e 31/12/15</b>
		<b>RISK</b>	RTT. There is risk of failure to achieve delivery of RTT admitted standard and incomplete standard. The risk is elevated due to adverse impact of cancellations and reduced elective admissions associated with unscheduled care pressures. An internal activity recovery plan has commenced, utilising weekend working and independent sector providers for T&O. Further focus on treatment of backlog patients for April as per DOH guidance, however, recovery further	

			<p>compromised by patients at 13-18 weeks waits tipping into backlog and further on day of surgery cancellations. Focus now on reduction of non admitted backlog.</p> <p><b>RISK</b></p> <p>Cancer 62 day first definitive treatment – there is a risk to achievement of the standard due to capacity constraints within Colorectal and Urology. An action plan is in place for Urology and additional clinical capacity is in place which will enable the speciality to deliver a sustainable compliant service. Colorectal clinical engagement and capacity remain high risk, options to improve short-term capacity and longer term sustainability are being worked through but are not in place..</p> <p><b>RISK</b></p> <p>Risk relating to the recruitment to the workforce needed to deliver the annual operating plan due to national shortage of Registered nurses and medical workforce. Mitigation actions in place and being monitored.</p>	
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	<b>YES</b>		
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.	<b>YES</b>		
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.	<b>YES</b>		

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.	<b>YES</b>		
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	<b>Compliance with monitor license requirements for NHS Trusts: License Condition</b>	<b>Compliance</b>	<b>Comment</b>
1	<b>Condition G4</b> – Fit and proper persons as governors and Directors	<b>YES</b>	
2	<b>Condition G5</b> - Having regard to Monitor guidance	<b>YES</b>	
3	<b>Condition G7</b> – Registration with the Care Quality Commission	<b>YES</b>	
4	<b>Condition G8</b> – Patient Eligibility and selection criteria	<b>YES</b>	
5	<b>Condition P1</b> - Recording of information	<b>YES</b>	
6	<b>Condition P2</b> - Provision of information	<b>YES</b>	
7	<b>Condition P3</b> - Assurance report on submissions to monitor	<b>YES</b>	
8	<b>Condition P4</b> - Compliance with the National Tariff	<b>YES</b>	
9	<b>Condition P5</b> - Constructive engagement concerning local tariff indicators	<b>YES</b>	
10	<b>Condition C1</b> - The right of patients to make choices	<b>YES</b>	
11	<b>Condition C2</b> - Competition oversight	<b>YES</b>	
12	<b>Condition IC1</b> – Provision of integrated care	<b>YES</b>	

**Chief Executive**

**Chair**

**Date:**

**Date of submission to TDA Website**

