

Trust Development Authority - Monthly Self-Certification Requirements

Board statements

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

	For Clinical Quality, that	Response	Comment	Timetable to achieve 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 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.	YES		
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	RISK	Following a recent CQC visit a risk of non-compliance was flagged against Outcome 9: Management of Medicines. The final report is expected in the next week or so and will be reported to the Board and reflected in future self-certification returns.	
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.	YES		
	For Finance, that			
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.	YES		

	For Governance, that			
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.	YES		
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	YES		
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.	YES		
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.	YES		
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 (www.hm-treasury.gov.uk).	YES		
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.	NO	<p>The Trust is currently failing to meet the 4hr waiting times target in A&E.</p> <p>The Trust is working with local partners and ECIST to implement action plans to restore performance to above 95%.</p>	30/9/2013

			Note: there is also a risk to delivery of the 62 day Cancer waiting time target in June. Position will be confirmed in the July Self-Certification	
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	NO	The Trust continues to work on its essential skills programme to achieve and maintain the target of 95% of staff trained on information governance (the only element on which the Trust is not compliant with Level 2 of the Toolkit)	31/10/2013
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		
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		
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.	RISK	Note: The Board is assured that the executive management team has the capacity, capability and experience to deliver the operating plan. However the Board recognises that there are gaps at clinical and managerial levels in the organisation. These are being addressed.	

Compliance with monitor licence requirements for NHS Trusts

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

Chief Executive:

the wad

Chair:

A. bole

Date:

Date of submission to TDA website: