

TRUST BOARD PUBLIC– NOVEMBER 2013

 Agenda Item Number: 220/13  
 Enclosure Number: (4)

<b>Subject:</b>	NHS Trust Development Authority Self Certification return for October 2013
<b>Prepared by:</b>	Brian Courtney, Interim Company Secretary
<b>Sponsored by:</b>	Ursula Ward, Chief Executive
<b>Presented by:</b>	Brian Courtney, Interim Company Secretary
<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>	<ul style="list-style-type: none"> <li>• Board statements 10 and 11 remain negative, due to:           <ul style="list-style-type: none"> <li>○ Issues around delivery of A&amp;E, Cancer and Referral to Treatment waiting times targets;</li> <li>○ Issues around delivery of a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</li> </ul> </li> <li>• Board statement 14 is no longer a risk</li> </ul>
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	Board are asked to consider 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>	Self Certification will be submitted to the NHS Trust Development Authority on 30 September 2013
<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

Links to Portsmouth Hospitals NHS Trust Board Assurance Framework/Corporate Risk Register	
<b>BAF/Corporate Risk Register Reference</b>	
<b>Risk Description</b>	
<b>CQC Reference</b>	N/A

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

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**Trust Development Authority - Monthly Self-Certification Requirements**

October 2013

***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>	<b>Executive Lead</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>			<b>JD</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>			<b>JD</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>SH</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>BL</b>

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	<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>		<b>UW/BC</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>		<b>UW/BC/JD</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>		<b>UW/BC/JD</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>		<b>BL/CW/JD</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>		<b>UW</b>

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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>In line with the Trust Recovery Plan submitted to the TDA on 19 September 2013:</p> <ul style="list-style-type: none"> <li>• The 4hr waiting times target in A&amp;E. - The Trust is now compliant with delivery of the 95% target. However delivery of the target going forward remains a risk.</li> <li>• The 62 day cancer waiting times target – again the Trust is putting in place actions to restore performance against this target.</li> <li>• 18 week Referral to Treatment target – whilst the Trust achieved the 18 week RTT target in June there is significant risk to this target going forward because of significant backlogs in a number of key specialties.</li> </ul> <p>The Trust Board has agreed two target dates:</p> <ul style="list-style-type: none"> <li>• 31October for ED</li> <li>• 30November for RTTand Cancer</li> </ul>	<p align="center"><b>30/11/2013</b></p> <p align="center"><b>30/11/2013</b></p>	<b>CW</b>
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	<b>Risk</b>	The Trust continues to work on its essential skills programme to achieve and maintain the target of 95% of staff trained on information governance. Progress is being made towards delivery of 95% (the only element on which the Trust is not compliant with Level 2 of the Toolkit). All staff who had been identified as non compliant have been written to and compliance now	<b>31/03/2014</b>	<b>PM</b>

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			stands at above 92%.		
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>			<b>BC</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>			<b>UW</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>RISK</b>	The Trust has strengthened its management teams at Service Centre levels, but a significant number of the posts are interims. These will be replaced with permanent appointments in the next 4-6 months. Therefore a risk has been flagged given that until all the posts are permanent there is a degree of fragility in the management arrangements	<b>31/03/2014</b>	<b>UW</b>

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

**Chief Executive**

**Chair**

**Date:**

**Date of submission to TDA Website**